

# ICASA 2005 Report



## Acknowledgement

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*The organizers of the 14<sup>th</sup> ICASA wishes to acknowledge the generous support of the Federal Government of Nigeria, which contributed significantly to the success of the conference.*

*The 14<sup>th</sup> ICASA would not have been successful without the contributions of numerous international governments and non governmental organisations, community based organisations, faith based organisations and their individual representatives, governments, corporate bodies, businesses, development partners and individuals, all too numerous to be enumerated.*

*Thanks also to all the members of the National Task Force, members of the various sub committees that helped plan and implement the conference, press men and women, staff of the ICASA secretariat, participants at the conference and the volunteers.*

# Forward

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## Executive Summary

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The 14<sup>th</sup> International conference on AIDS and STIs in Africa came up in Abuja between the 4<sup>th</sup> and 9<sup>th</sup> of December, 2005. The theme of the conference was **HIV/AIDS and the family**. The conference explored traditional family values with the aim of empowering African families to respond comprehensively to the AIDS epidemic in Africa, paying special attention to women, youth and children in difficult circumstances. The conference was packaged to address the totality of issues that impact on the epidemic in Africa, and to find durable solutions to mitigate the impact of the disease in the continent as well as to stop its spread.

To make this achievable, there were several plenary sessions, debates, special sessions, dialogues, skill building sessions and special symposia. An extensive community programme run in the organised community village was also inclusive. A special feature to this year's conference was the inclusion of the leadership forum which focused on the core objectives of ensuring accountability for international, regional and national declarations and commitments including the Abuja declaration; UNGASS Declaration of Commitment on HIV/AIDS; the Millennium Development Goals; the Three Ones and Universal Access by 2010. The ICASA 2005 Leadership Forum highlighted the importance of the attainment of universal access to prevention, treatment, care and support, as a means of reducing the impact of HIV/AIDS on the African family, the need to intensify regional and national responses, the vulnerability of women, youth and children to HIV/AIDS and the significance of the development of public private partnerships in combating the epidemic.

Conclusions from the Leadership Forum include the commitment by leaders to foster active and sustainable engagement, in order to mobilize resources to reduce the impact of HIV/AIDS on the African family, and to attain Universal Access to prevention treatment care and support.

A major outcome of ICASA 2005 was that it served as a stimulant to inform, educate and mobilize people to buy in to the Universal Access principles. A number of the sessions also tried to address pertinent issues with respect to scaling up interventions in a comprehensive and holistic manner: ensuring integration of treatment and prevention in a non-exclusive manner; ensuring HIV/AIDS programmes are implemented within the human right framework; the need for increased visibility of youths and children in addressing matters that affect them; and the call for developing and evolving new partnership models between the community and relevant stakeholders in all spheres of HIV/AIDS response.

While the organisation and programme implementation faced a lot of obstacles especially with respect to adequate financial support, the programme on the whole was a success in terms of quality of outputs from the sessions.

# Chapter 1

## ICASA and its focus

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biannual forum that brings together all stakeholders involved with HIV/AIDS impact mitigation and control. The conference draws together African scientists, leaders, communities, organisations/institutions and individuals to share experiences and updates on their responses to the epidemic.

The need for a forum for Africans to get together and discuss peculiar issues related to HIV/AIDS and the control of other STIs on the continent was identified by the Society for AIDS in Africa (SAA) in the early 1980s. The first of these forums was held in 1986 in Brussels, Belgium. Subsequent forums came up in 1987, 1988 and 1989 in Naples Italy, Arusha Tanzania and Marseille, France respectively.

Delegates at the 1989 conference that held in Marseille, France officially named the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA). At that meeting, SAA took a decision to hold subsequent meetings in Africa. Subsequently, the 1990, 1991 and 1992 editions of the conference were hosted by Zaire (DR Congo), Senegal and Cameroon respectively. The focus of these conferences was on the epidemiology, health education and clean and safe blood for all, prevention of HIV/AIDS and STIs. The SAA was constituted in 1990 during the meeting in Zaire through elections of members into its council.

At the 1992 meeting - the 8<sup>th</sup> edition of ICASA - a decision was taken to hold subsequent meetings biannually. During the intervals, national conferences and workshops on HIV/AIDS/STIs would be organised. Subsequent meetings then held in 1995, 1997, 1999, 2001 and 2003 in Uganda, Cote d'Ivoire, Zambia, Burkina Faso and Kenya respectively. Each of these conferences has had major highlights.

In 1995, the blueprint of what was to become the HIV/AIDS success story in Uganda was laid. Two years later in Cote d'Ivoire, the government of Senegal drew attention to its own domestic success. The 13<sup>th</sup> International conference in Kenya drew attention to the much-needed scale up of ART services to PLWHA. Two years later, access of PLWHA to ART within countries had significantly increased.

The 14<sup>th</sup> ICASA, which held in Abuja, Nigeria, focused on the family as an important and significant component of managing the HIV epidemic. The programme also provided an enabling environment for analyzing the impact of various initiatives on the HIV and AIDS situation and evaluating developments and advancements made in addressing the epidemic since the last conference in Nairobi, Kenya in 2003. Unlike past conferences, this 2005 edition also brought leaders from across the continent together to reflect on their efforts and commitments to addressing the epidemic within their countries and within the continent. The conference hoped to mobilize leadership



for commitment and action to reduce the impact of HIV/AIDS on the African family.

The impact of the conferences over the years has been remarkable. The forum has helped to facilitate North/South collaborations and networking, it has facilitated the mobilisation of funds

for addressing the epidemic, created greater awareness about the epidemic across the continent as well as drawn the attention of the international community to the enormity of the HIV/AIDS situation in Africa. The 2004 edition helped to further highlight the role of youths and women in the control of the epidemic on the continent.

There however still remains a lot to be done. The continent harbours the largest number of PLWHAs - 64% of infected individuals living on the continent of which 76% are women. MTCT of HIV infection is still a critical issue with the number of OVC incredibly high. At the end of 2004, 3.1 million new infections were recorded: 200,000 more as against the 2002 records. The continent's prevalence is 7.4% with a range between 6.9% and 8.3%. The death toll is still high with 3.1 million deaths arising from HIV/AIDS in 2004. ART services still remains out of the reach of many both in terms of accessibility and availability.



Front view of the conference venue

SAA would continue to evolve ways of addressing the peculiar continental HIV/AIDS problem. It recognises that the epidemics on the continent are diverse both in scale and the pace at which they are evolving. It also recognises the importance of commitment and collective abilities in addressing the epidemic and positions itself to respond proactively to issues. ICASA would continue to be one of the veritable tools for SAA to achieve its vision of seeing a continent free of HIV/AIDS.

The 15<sup>th</sup> edition of ICASA is scheduled to hold in Gabon in 2007. With a more vibrant and reconstituted SAA, the edition promises to be more innovative in addressing the continent's HIV/AIDS epidemic.

## Chapter 2

### Overview of Pre-ICASA 2005 preparation

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#### 2.1. Society for AIDS in Africa

The Society for AIDS in Africa (SAA) is a non-governmental organisation, which has the mandate to organise the International Conference of AIDS and STI in Africa. The nine member Executive Committee of the Society, held three marathon meetings before the ICASA conference. The meetings not only helped to shape the conference but also hoped to use the conference for restructuring.

Presently, the organisation has six main objectives one of which is to contribute meaningfully to the prevention, control and management of the AIDS epidemic in Africa and to serve as a continental forum for the exchange of information in collaboration with other regional and international organisations. ICASA is one of the identified forums for achieving this objective.

Following the lead from the International AIDS conference that held in Bangkok, SAA Executive Committee identified the need for bringing together various cadres of leaders around the continent in an effort to further drive their commitment to addressing the challenges families and individuals face as a result of the AIDS epidemic. The forum was also identified as a possible avenue for the various leaders to give account of their various commitments towards the control of AIDS on the continent bearing in mind that it is now five years after the Abuja Declaration.

In addition, there was a consensus on the need to increase the involvement of youths at the conference so as to ensure their voices are heard on matters that affect them. This is in view of the increasingly high level of HIV/AIDS prevalence amongst youths and the need to reach them with effective HIV/AIDS messaging. Youth involvement in the planning and execution of the conference programme was therefore identified as crucial.

The Executive Committee also noted the need to ensure the integration of the community into the scientific conference stressing that the community plays a crucial role in addressing the epidemic on the continent.

Also, the community of people living with HIV/AIDS was to be actively engaged in the planning and execution of the programmes at the conference, taking cognisance of the GIPA principles. Where possible, children were to be noticeably engaged during the programme especially with respect to increasing the need for promoting OVC care and support. The International Steering Committee was to then develop the broad outline for the conference programme, which would then be further elaborated on by the Local Organising Committee.

#### 2.2. International Steering Committee



Children's voices been represented during ICASA

The International Steering Committee was made up of 30 members. Its membership consisted of members of the scientific and civil community as well as policy makers, PLWHA and the development partners. The committee had the mandate to ratify and make critical inputs to the design of the conference. It was also to identify and facilitate ways of ensuring the success of the conference.

The Committee met thrice before the conference. Members were involved in the final selection and categorising of abstracts, development of the framework of the programme and identifying and mobilising resources, both human and financial, for the conference.

### **2.3. Setting up of secretariat**

The secretariat was set up as early as June 2004. The office was initially located within the office of the ICASA President, Prof Femi Soyinka, in Ibadan. A bilingual secretary as well as a Conference Coordinator manned the office. In November 2004, the secretariat then moved to a more permanent structure in Abuja, the city in which the ICASA 2005 conference was to hold.

As the conference drew nearer, the office staff increased to include 11 office managers to man the following portfolios: Administration, Leadership Forum, Youth, Community programme, Events, Protocol, Science, Security, Transport and Accommodation. Each manager had at least two other supporting officers within each department in addition to several volunteers who were recruited for programme implementation.

An effective and functional secretariat was established through funding support from the Federal government of Nigeria through the National Action Committee on AIDS as well as UNAIDS. However, the initial running cost for the secretariat was offset by SAA.

### **2.4. Soliciting national and international support**

To facilitate and ensure the smooth running of the conference, the national government constituted a National Task Force, which also served as the Local Organising Committee. The Task Force functioned through seven subcommittees namely: Leadership, Scientific, Communication, Accommodation, Protocol, Logistics and Medical. Each subcommittee had their terms of reference and worked in close collaboration with the Federal Government's institutions such as the ministries and parastatals.

SAA also developed a new collaborative relationship with the IAS. For the first time, the IAS was able to work with SAA on the organisation of the ICASA and possible future programmes. The ICASA 2005 was a platform through which regional and international bodies could forge a working relationship. IAS facilitated the Bill and Melinda Gates Foundation for SAA and SIDA's financial support for the award of scholarships to conference participants, for communication, functioning of the secretariat, and capacity strengthening for SAA. Presently, a formal meeting



Robert Gallo and some participants at the ICASA 2005 conference

is slated for Dakar in May 2005 to help develop a future working relationship between the two organisations.



## **2.5. Funding**

Bilateral agencies like DFID and USAID did not make good their initial promise to support ICASA. The support from Bill and Melinda Gates Foundation was routed through the IAS because of very little international and regional recognition of SAA as an existing regional body. Some of the funding support not made directly accessible to ICASA made access to such funds equally difficult. Most of the donor support was in physical form. Many agencies paid for consultants to help with ICASA logistics. This resulted in a proliferation of consultants working with the secretariat who at best duplicated the efforts of the in-house managers and at worst, hindered the speed of work greatly. Some agencies also contracted out jobs without recourse to the secretariat thus making coordination difficult. A good example was the medical services provided at the PLWHA lounge by an international agency. The secretariat was not aware of this arrangement and had equally made arrangements for the provision of the same services.

Boehringer Ingelheim donated conference bags to the conference. This was late in arriving due to the complications that arose as a result of the national rules and regulations governing importation of goods. This equally resulted in huge extra expenses.

Solid support was received from the Government of Nigeria, UNAIDS, WHO, World Bank, UNICEF, UNFPA, UNDP, GlaxoSmithKline, V Mobile, Guinness, Virgin Airline, SIDA, the Norwegian Government, Bill and Melinda Gates Foundation and PLAN international. IAS equally gave a lot of logistic support. These organisations' financial and logistic support made the execution of a lot of the conference plan possible.

## **2.6. Science**

The system had to be reopened thrice after the initial deadlines to facilitate increase in the number of abstracts submitted for review. This was due to the late response to the initial call for abstract submission especially from Francophone colleagues. Each abstract was blinded and reviewed three times by different reviewers giving each candidate a fair opportunity and eliminating bias. The review was through an online process. Abstracts that scored between 5.00 and 10 online were presented to the International Science Committee. Selected abstracts were then categorised for either oral or poster presentations. ISC members also appointed various speakers for the identified speaking sessions. The abstract review and approval process was done and concluded very early in the conference-planning calendar. The abstract review process was facilitated by the use of the Shocklogic software, which was used in the ICASA for the first time during this edition of the conference.



Participants at the conference

Logistics problems arose close to the conference period. Very close to the conclusion of the conference programme, there were a lot of late requests made by many organisations and agencies for programme slots. This caused a lot of delay in the finalisation of the programme as well as in getting back to the various abstract presenters. It also caused some delay in the preparation of the final draft of the programme. However, for unknown reasons, the printer did not deliver the conference programme on schedule leading to

the secretariat having to make emergency arrangements for the provision of daily copies of the programme to conference participants on day 1 and 2 of the conference. Many agencies also organised programmes parallel to the conference programme without due consultation with the conference secretariat resulting in some chaos and difficulty in effective coordination of programmes and programme venues.

## 2.7. Planning for the Leadership Forum

During the third International Steering Committee (ISC) meeting that held in November 2004, the idea of having the first ever Leadership forum during an ICASA conference during ICASA 2005 was discussed and endorsed by the committee. The first ever Leadership forum to hold during an AIDS conference was held during the International AIDS Conference, Bangkok, Thailand in July 2004.

The main objective of the leadership forum was to mobilise leadership for commitment and action to reduce the impact of HIV/AIDS on the African family highlighting women, youth and children. It felt there was a need to review the commitments of the leaders on the continent towards actualising its Abuja 2001 commitment 5 years after the initial commitment was made.

Areas of focus were to be on ensuring accountability of African leaders for international, regional and national declarations and commitments such as the 3 by 5, Abuja declaration, UNGASS (orphans, prevention and resources), MDGs and the 3 ones. Others include addressing the challenges of poverty in HIV/AIDS control with respect to OVC, household income, food security and micro credit access. In addition, the leadership forum was to tackle the need for leadership commitment to promoting universal access to care and treatment through information sharing, policy, principles and development, community empowerment and ensuring programme sustainability. The session was also to focus on African specific issues, address women, youth and children issues and help bridge the gap between various levels of leadership.

The forum was structured as plenary sessions for leaders on Monday and Tuesday during the conference followed by round table discussions and special sessions that addressed specific topics and allowed interaction with members of the audience. The report of the leadership programme was to be collated and presented at the closing ceremony with a view to securing commitments and plans of action from leaders. Also efforts were made to mainstream leadership-focused discussions into every plenary meeting during the conference.



The leadership forum was organised by a management team headed by the ICASA President and two others. The team developed and coordinated the details of the leadership programme with inputs from interested stakeholders. Specific stakeholders handled sessions at the forum and this they did in collaboration with SAA. Also, UNAIDS sponsored two consultants to help further develop the leadership programme and the advocacy and publicity aspect of the forum.

A Management Committee headed by the ICASA President, co-chaired by the Chairmen of NACA and UNAIDS and three full time ICASA support staff, handled the logistics for the forum. Collaborating agencies helped to identify and select speakers for the session, follow up on invitation letters and ensure the availability of the moderator and speakers and the provision of an alternative where the need arises, prepare briefing materials and organise a briefing session with the speakers and moderators and provide logistic support (transportation, registration, accommodation) for the participants. These agencies, along with the ICASA secretariat, helped with the payment of honorarium for participants as well as with the development of the Leadership Forum background document. The document helped give all invited leaders an overview of the programme.

The Leadership forum involved leaders from all spheres and works of life. These included political leaders, People living with HIV and AIDS, family members (Women, youth, children), community members, activists, business leaders, media representatives, traditional leaders, faith-based leaders, foundation leaders, labour leaders, Nobel laureates, celebrities, sports figures, role models, scientists, women Leaders and youth Leaders.

By November 2005, the ICASA 2005 leadership programme had been finalised in collaboration with UNAIDS, UNICEF, WHO, UNIFEM, UNDP, World Bank, UNDP and ActionAid International Nigeria, NIBUCCA and Merck Foundation.

## **2.8. Ensuring community involvement**

Two Community Programme managers, a programmes Committee and AFRICASO developed and implemented the community programme and ensured community engagement in its design, implementation and monitoring.

The community programme was facilitated through the establishment of a local work team that ensured extensive mobilisation and engagement of regional and in-country organisations towards contributing actively to the programme. The work team commenced activities 3 months before the conference. These groups include: NAP+, NEPWHAN, SWAA, JAAIDS, Interfaith coalition,

Network on Ethics/Human rights, Law, HIV/AIDS Prevention, Support & Care (NELA), Civil Society on HIV/AIDS in Nigeria (CISNAN) and AFRICASO.



Guinness Nigeria PLC and GlaxoSmithKline Positive Action of the United Kingdom provided funding support in cash and kind for the community programme. Awareness about the community village and its activities was developed and strategically posted on the Nigeria e-forum and the ICASA website. Hard copies of the overview leaflets and form were produced and distributed to local and international NGOs, community based organizations, PLWHA support groups, and faith based organizations through various meeting and conference media. This helped facilitate interest and participation of groups and individuals around the globe. In all, 140 groups/organisations participated at various levels during the implementation of the community programmes.

## **2.8. Facilitating logistic preparation**

Planning commenced in January 2005 and the work plan for the conference was approved in March 2005 by the ISC. In an effort to ensure flawless planning for the conference, the IAS sponsored the Logistic Officer to the 3rd IAS conference on HIV Pathogenesis and treatment in Rio, Brazil from the 24th-27th July 2005. The IAS also sponsored the Conference Coordinator to the International AIDS conference in Bangkok. This trip was to enable the team learn, first hand, the ways and workings of planning and organizing a conference. It also showed how best to manage and resolve situations of difficulty as they evolved.

Mini secretariats were set up at the community village and the scientific programme venue. The secretariats ensured access of participants to copies of presentations, helped speakers prepare their sessions and facilitated speakers' preparations for sessions.

Owing to the inadequacy of venues at the International Conference Centre, Abuja, the main venue of the 2004 ICASA, the much needed extra conference rooms were constructed at the venue using prefabricated materials. Repairs of dilapidated buildings were also effected at the venue of the community programmes. The IAS supported this effort. Generating sets were hired as backup power supplies while air conditioners were purchased to ensure cooling of the rooms.

For participants' comfort, water dispensers were placed at various strategic points at the conference venue. Mobile toilets were used at the community village. Internet facility was available for the duration of the conference in the cyber café at the Arts and crafts village. There were also WIFI access in the grounds and environs of the ICC. The speaker ready room had facilities for accessing the internet. There was also a cyber café for delegates at the ICC. Security for lives and properties was ensured through the services of the Nigerian Police force and the Fire Brigade. Twenty two registration and



Registration and information desk

accommodation counters were provided in the lobby area of the conference centre to help attend to and address participants' enquiries. Delegates labelled these counters for easy identification. Audiovisual equipments were provided for all sessions - including abstract driven and non-abstract driven sessions. Interpreters (Anglo and francophone speakers) were provided for the sessions. Movement around the venues was facilitated through the use of signage and directional signs including banners, billboards, air pops, rollbacks, and other mini directional signs. In addition, arrangements were put in place to facilitate the transportation of delegates between the conference venues as well as between the conference venues and hotels. A 3-day city tour was also arranged.

Despite these efforts, the conference did experience some hitches. One tangible reason was the lack of previous conference organisation experience and skills on the part of the local secretariat staff which impacted adversely on the planning, implementation of their work plans and the conference programmes. Another was the inadequacy of conference venues necessitating the construction of extra facilities within the limited budget framework. Payment for registration and accommodation was difficult for many foreign delegates: They had to go through the cumbersome process of money transfer due to the lack of confidence in using credit cards to make payments. This created a lot of bottleneck situations for the secretariat and the delegates and lead to delay in confirmation of payments, and conference logistic organisation for participants. Finally, the inability of many of the Nigerian volunteers and secretariat staff to communicate in French adversely affected the relationship of the secretariat with participants from Francophone countries in respect to provision of services and hospitality.

## 2.9. Ensuring delegates' accommodation

An accommodation subcommittee was set up to help facilitate the activities of the department. The effort of the committee was facilitated through the use of the Shocklogic software and the help of a few other consultants. The department developed an Accommodation Plan and Strategy, which was approved by ICASA management. Available accommodation within and around Abuja was categorised according to accommodation types and billings were rated accordingly. The secretariat negotiated with the hotels to reduce their tariffs for conference participants.

The secretariat provided about 2,500 rooms and suites to its guests and over 250 people who were awarded scholarships. Transportation was arranged between the venue and hotels for conference participants.

By the end of the conference, quite a number of delegates who had rooms already booked for them ended up not securing their accommodation through the secretariat. This led to the secretariat having to pay for those reserved but unused accommodations.

## 2.10. Volunteer management

The volunteer management team was constituted in April 2005. The team developed the process of engaging volunteers, which involved advertising for, interviewing, screening & selection, training and engagement. A total of 694 volunteers were deployed for the conference out of the 9435 applications received. Before the commencement of the programme, selected volunteers were trained for 5 days on various issues that were critical for the success of the programme. The volunteers had a general orientation and specific departmental training during the 5 days programme. All volunteers were kitted, given lunch, paid stipends and certified for their contribution to the success of the programme. At the end of the programme, the management noted that the volunteers enlisted for the programme were too many resulting in a number not having tasks to do during the conference.

## 2.11. Scholarship

The Principal donors for scholarship during ICASA were The Bill & Melinda Gates Foundation, Plan International and the ICASA secretariat. While The Bill and Melinda Gates Grants did not restrict Scholarship recipients to a particular group, the Plan International restricted its scholarship to the youths. For this reason, the scientific sub-committee concentrated on working on the Bill and Melinda Gates scholarship fund while another committee was set up to determine the recipients for the Plan Int'l Grant for the youths.

The scholarship support from The ICASA secretariat was mainly for invited speakers from Africa, chairpersons, and rapporteurs of sessions who were largely from Nigeria. The sponsorship in this category covered registrations fees and in some cases transportation and accommodation.

A total of 2755 scholars received the Bill and Melinda Gates scholarship support. These included 1849 individuals from Nigeria and 906 persons from outside Nigeria.

Scholarship support was based on the criteria that, the recipients must have submitted an abstract, or belong to one of the following groups; person living with HIV/AIDS, session officials,

women or youth. Some received support in respect to registration waiver only while others received full scholarship support (registration, accommodation and transportation).

Two hundred and forty two Nigerians received scholarship support of which 170 covered registration waiver only. The other 72 received registration and accommodation support. Fifty other Africans received support in respect to registration waiver, free accommodation and economy air transport support. Eight others received partial scholarships (five had support for air transport). This group included participants from Ethiopia, Ghana, Kenya, Senegal, Uganda,



Participants at the youth pre-conference

Zambia, Zimbabwe, Cote d'Ivoire, Cameroon, Gambia, Liberia, Tanzania, Republic of Congo, New Guinea, Burkina Faso, Togo, Sierra Leone, Guinea and South Africa.

### **2.12 Gender issues**

The Gender Technical Committee (GTC) set up by The Expanded Theme Group on HIV/AIDS focused on promoting a deeper understanding and commitment to gender responsive HIV/AIDS programming during the conference. Women were very visible during the conference. There was conference participation support for over 100 women from different countries, majority of who are living with HIV/AIDS. The women networked among themselves and called attention to issues that concern and affect them. They marched into some sessions as a group, demanding for attention and action on issues such as equality in access to treatment, the right to employment and economic independence, and the right to participate in the formulation of policies and programmes on HIV/AIDS. Unlike in developed countries which have private or publicly funded institutions providing home-based care, in Africa women and girls provide the care required in each home – even if *they* are living with HIV or AIDS. In many sessions, the burden of care giving on women was a recurrent theme. National responses to HIV/AIDS do not take women's contributions to the health care system into account. Women called for a large portion of funds for HIV management to be channelled to the communities/households where the care is provided mostly by women.

### **2.13. Security**

In collaboration with the security agents in Abuja, the secretariat made stringent efforts to ensure the preservation of the lives and properties of delegates at the conference. Security agents were deployed to the airport, ensured that all the delegate vehicles were escorted and that the different venues for the programmes were guarded. Security measures set up at the International Conference Centre, (the main venue for the scientific programme), caused a lot of delay for conference participants in gaining access into the venue on the first day of the programme. This resulted in long cues. However by the second day, efforts were made to facilitate smooth flow of human traffic in and out of the conference venue without compromising the efficiency and effectiveness of the security agents' efforts in securing lives and properties.

## Chapter 3

### ICASA 2005 Conference report

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#### 1. Pre-conference programme

**A. Pre-conference press briefing:** The pre-ICASA Media Briefing jointly organized by ICASA, UNAIDS, MSD and the Global Business Coalition was an important platform to engage with the media on issues relating to the ICASA Conference. This session was well attended by both local and foreign press. The opening press conference was well attended by the Media. There was a prepared press conference briefing pack, which contained necessary materials for press publications. There was also the joint press conference, which was well attended by local and international journalists covering the conference. The press conference featured a panel discussion involving PLWHA, UNAIDS, UNFPA, UNICEF and IPPF.

**B. Pre-conference community forum:** A pre-conference community forum was organised by ICASA in conjunction with AFRICASO and other regional coalitions. The forum brought together some key community and civil society groups from around Africa, including PLWHAs, youth movement, women and faith based organisations, traditional healers, media, research and donor communities. The forum prepared various groups for meaningful involvement and active participation in the main conference activities.

The community forum was conducted satisfactorily though attendance was lower than expected and translation was not efficient enough.

Speaking sessions focused on topics of prime importance to persons involved with community activity. One of these was the increasing need to articulate treatment and prevention advocacy especially those related to new HIV prevention technology. The session also discussed the 'why' and 'how' of community involvement in the national response processes as well as facilitating resource mobilisation for community response process.



A speaker, Ms Manju Chatani, at the community forum

**C. The Caravan project:** The twenty man team comprising of religious leaders, media practitioners, PLWHAs and health care providers was received at the conference venue on Saturday the 3<sup>rd</sup> of





Members of the Caravan team at the conference

December 2005. The team which had been travelling by road in tour caravans from Mauritania through Mali, Senegal, Cote d'Ivoire, Republic of Niger and within Nigeria, held seminars and skill building sessions for religious groups during the conference. The team arrived during the pre-conference community forum. The theme of their address was the need for effective community engagement in addressing stigma.

**D. One million-man march:** The rally was held before the Opening Ceremony of the main conference. It increased the tempo of the already created awareness about the ICASA 2005 conference and community village.



Participants at the march

Messages about vital issues affecting various community groups, in particular PLWHA were communicated to selected political and religious leaders in the country.

The rally was organised as a motorized rally with the involvement of the city motorbike drivers, car procession and a number of other participants. The Minister of the city of Abuja was ably represented at the march as well as religious groups, youths, community organisations and individuals.

**E. Pre-ICASA youth forum.** Organized with financial and technical support from UNFPA, Plan International, Action health Incorporated, UNICEF, and UNIFEM, the Federal Ministry of Women and Youths Affair Nigeria, the pre-conference sessions served to empower youth delegates for effective participation during the main conference sessions and to also understand the content and procedures of international conferences such as ICASA 2005. The Programme was organised between the 1<sup>st</sup> and 3<sup>rd</sup> December 2005. The content of the sessions focused on key issues that form the bedrock for effective mitigation and response by young people to the pandemic.

The session was facilitated by an array of experts from UNFPA, UNIFEM, Plan International, UNICEF, Treatment Action Movement and Action Health Incorporated. The discussion themes included Mitigation and response by Young people; Impact of STIs and HIV/ AIDS on the

African Family; the Youth, Gender and HIV/AIDS; conflicts and displacements as it affects young people and children. Other issues were HIV/AIDS good practices from four thematic areas: scaling up development of an enabling and protective environment for young people, behaviour change communication, prevention skills interventions, and prevention services. Specialized capacity building sessions on Treatment Education, Resource Mobilization from four perspectives also held during the pre-conference sessions. This includes



the session on proposal writing which provided an introductory skills building course to enable participants understand the basics of developing and packaging fundable project proposals. The session provided a step-by-step guide to proposal planning, writing and essential follow-up strategies, including key components of a proposal, statement of need and budget templates and the basic elements of a winning proposal. There was also discussion on how best to go about securing funds from donor agencies. Participants were educated on the key elements foundations typically look for in potential grantees and steps to take to secure foundation, endowment and private support for activities. A fourth session focused on approaches to funding research on the Web. The session took participants through an array of online resources that can help save valuable research time. It will also provided a listing of numerous foundations, corporate funders, and other essential non-profit Internet links.

A total of 264 young people from 34 countries participated in the pre-conference sessions. At the end of the pre-conference sessions, the youths at ICASA 2004 produced a communiqué, which was to be presented by young people at the opening ceremony.

#### **F. World AIDS Day Musical Concert:**

As part of activities to reach out to the youths within the host city and in commemoration of the World AIDS Day, a musical concert was organized with support from MTN Foundation. This brought together artistes such as Style-Plus, Nigerian pop sensation duo P- square, the Natives, Project Fame Star - Dare Art Alade among others. Through music, information on the need for behaviour change was disseminated to the audience. Free on-site VCCT services were also provided during the event.



One of the musical performers at the youth programme

**G. Pre-ICASA Global Partners Forum on PMTCT:** UNICEF and WHO coordinated a global partners' forum on PMTCT. The programme took place between the 1<sup>st</sup> and 3<sup>rd</sup> of December 2005 under the theme 'taking stock of accelerated action towards universal access to service for women, children and their families'. The meeting ended with the development of an 11-point

recommendation to all stakeholders. The emphasis of the recommendation was the need for stakeholders to demonstrate commitment and leadership towards scaling up PMTCT services as an entry point to obtaining universal access to prevention, treatment and support. This included programme integration at policy levels and at programme and service delivery levels. There was also a call for increase of allocation of financial resources by development partners for implementing PMTCT interventions in African countries.

Other highlights of the meeting include the statement of commitment made by stakeholders to work together to achieve the goal of an HIV-free and AIDS-free generation. There was also a call made to governments, development partners, civil society and the private sector to partner with programme designers and implementers and support the measures needed to eliminate HIV/AIDS in young children. This should help ensure a world free of HIV infection.

## 2. Conference programme

### A. Opening ceremony

The event was conducted within two hours. It was a well-groomed fanfare that involved the fusion of cultural dances, durbar, callisthenic displays, music and speeches. The elements of the activities were in consonance with the theme of the conference 'HIV/AIDS and the Family'.

The ICASA 2005 president, Prof Femi Soyinka, noted in his opening address, the importance of the family in addressing the African HIV//AIDS epidemic. *Africa remains the epicentre of the global HIV/AIDS epidemic and the basic family unit bears the burden of the impact. ICASA 2005 is primarily about easing the burden and the tool of the epidemic on the continent, about urgent actions that needs to be taken on the continent after the family response has been addressed*, he noted. Also, one of the efforts of the conference is to make countries accountable in terms of what they are doing to ensure proper coordination, monitoring and evaluation of HIV/AIDS related activities. These include making drugs accessible and affordable and caring for children and orphans.

Peter Piot, the Executive Director of UNAIDS, noted that while there was increased emphasis and interest in increasing access to ART, these efforts might be threatened by lack of funds. This is because only about half of the \$10 billion needed by 2007 to address the issue may be available. The urgent task for the African continent therefore is to implement a plan of action that would make the money work for the people. This would include the need to build capacity at grassroot level to support the many African initiatives to address the problem.

Elder statesman and former South African President, Nelson Mandela was one of several eminent personalities represented at the opening ceremony of the conference. Welcoming delegates and fellow activists, Mandela, whose speech was screened, praised conference organisers for choosing "HIV and the Family" as theme and said; *"My own family like millions across the continent felt the impact of the pandemic. As a father, there is no shame in acknowledging that your son died of AIDS. AIDS has been with us for more than 25 years and it will still be with us for many years to come"*

Calling for a unified approach, Mandela said, *"The only way for us to confront the epidemic is for us as Africans to speak out and stand proudly together to address the greatest crisis confronting the continent"*. Mandela urged conference participants not to forget the elderly, and advocated for an inclusive and elderly-directed approach to addressing the pandemic. *"Let us not forget the elderly, who use their meagre resource to care for their own children who are sick of AIDS and their orphaned grandchildren. By ensuring that pregnant women have access to ARVs to prevent their children from being born with HIV, by providing children with AIDS treatment, by preventing more people from being infected with HIV and by protecting and supporting children affected by HIV and AIDS so that they can go to school and also receive good nutrition, we can alleviate the plight of the elderly"*.

### ***Highlight of the opening ceremony: The Silent Protest***

As part of activities for the opening ceremony, the youths had intended to present a communiqué based on the outcome of the pre-conference sessions. Unfortunately, this was not to be so as presentations were cut short and opportunity was denied the young people to air their voice.



Thus, infuriated by this outcome, youth delegates convened at the Lobby of the International Conference Centre, sat on the floor, their mouths sealed with tapes protesting this neglect which they referred to as a continual disregard of youth issues, bearing placards saying - "Are youths to be seen and not heard", "Youths are the leaders of today not tomorrow", "Must we be neglected as youths", they demanded for an apology.

To save the situation, the ICASA President, met the delegates with his lips sealed with tape and apologized for their exclusion from the opening ceremony.

## **A. Plenary sessions**

**Day 1: Politics, Policies and Actions** The session came up in the morning of the 5<sup>th</sup> of December, 2005, by 8:30 - 10:00 hrs, speakers were **Chewe Luo**, Senior Programme Adviser, Health Section, UNICEF, New York, **Teguest Guerma**, Associate Director, HIV/AIDS Department, World Health Organization, **Mark Wainberg**, McGill University AIDS Centre, Montreal, Canada. Present were **President Olusegun Obasanjo**, President of the Federal Republic of Nigeria, **Femi Soyinka**, President, ICASA 2005, **Peter Piot**, Executive Director, UNAIDS, **Bience Gawana**, Commissioner for Social Affairs, African Union and **Michel Sidibe**, Country and Regional Support Director, UNAIDS. The session was moderated by **Michel Kazatchkine**, France's Ambassador on HIV/AIDS and Transmissible Diseases and co-sponsored by UNAIDS.



*Photo credits: UNAIDS/S. Aghaeze*  
(Left to right): **President Olusegun Obasanjo, Professor Femi Soyinka, Dr. Peter Piot**, at the plenary session

The session, the first of the series on the leadership forum series, highlighted that managing HIV/AIDS alone is not enough: there is an equally important need for comprehensive treatment and prevention, which would result in 55% aversion of new infection.



Participants at a plenary session

Unfortunately the global incidence continues to rise and the worst affected nations are those with inept political commitment.

While the importance of an HIV vaccine and possible vaccine against STIs is well recognized, the efforts have remained unsuccessful though scientists remain undaunted in their efforts. There are good and cheering reports on Microbicide research and development efforts around the world, which would ensure the development of a female controlled tool for future use. PrEP research would also

continue despite the initial setbacks encountered in its research efforts.

There is therefore an important need for dedication of businesses and governments to a new partnership for life and progress. With political will, focus, dedication and a sense of history and responsibility, a lot can be achieved. In addition, effective multisectoral approaches to addressing the epidemic is critical for resource mobilization, development of strategies for effective programming and education of the public as well as for strengthening institutions and support for people infected and affected by the epidemic. These responses should be focused, culturally relevant and evidence based and defined within the context of the varied country prevalence.

The need for the public and private sectors to partner and build viable network was emphasized. Increasingly important is the need for citizens to hold their leaders responsible to ensuring the actualization of commitments made to their welfare and accountable for actions taken

**Day 2: The African Family, Children and HIV/AIDS.** This second plenary session held on Tuesday the 6<sup>th</sup> of December at 8:30 - 10hrs. **Sheila Tlou**, *Minister of Health, Botswana*, chaired the session. **Speakers were Jim Kim**, *WHO*, **Rima Salah**, *Deputy Executive Director, UNICEF*, **Eka Esu Williams**, *Programme Associate, Population Council, South Africa* and **Solly Mmokele**, *Youth leader, Botswana*. The session was moderated by **Meskerem Grunitzky-Bekele**, *Director, Regional Support Team, West and Central Africa, UNAIDS* and **Nkandu Luo**, *SWAA, Zambia*.



Photo credits: UNAIDS/S. Aghaeze  
(Left to right): **Professor Shiela Tlou**, *Minister of Health, Botswana*; **Rima Salah**, *Deputy Executive Director UNICEF*; **Mesekere Grunitzky-Bekele**, *Regional Director, West Africa*,

This was a leadership forum, which hoped to identify ways in which a difference can be made on the impact of the epidemic on the African family and child. The Abuja Declaration and the Plan of Action on the Family in Africa helps give room for optimism that positive impact can be made in addressing the issue.

During the session, discussants tried to identify the specific impact of HIV/AIDS on the family and lessons learnt and the future perspective to adolescent responses to HIV/AIDS. The session also addressed how families and children can best be supported to provide care and support and ensure accelerated access to prevention, care and treatment services. The session also addressed the place for young people with disabilities in accessing HIV/AIDS services.



Participants at the plenary session

Offering treatment is a necessary option for HIV/AIDS intervention. This however has to be done speedily and can be done even in the face of limited resources. Speedy access can be facilitated through the engagement of families in the process. Families must have access to timely intervention where and when needed, hence the need for a program for mass awareness on existing services and facilities. There is equally an identified need to scale up PMCT and to continue to seek for new knowledge regarding dosage of ARV for children.

African families are partners and need to be empowered and protected in the fight against HIV/AIDS. There needs to be policies and actions towards the complete engagement of CBOs, FBOs, civil society etc. External resources need to be mobilised to enable the healthcare systems to effectively address the impact of HIV/AIDS in the medium and long term. It is not just about accessing resources but also about what the resources are used for.

### **B. Leadership forum**

This was the first of its kind in any ICASA conference. The forum was a vital platform to synergise the activities of various African countries leadership on issues related to the HIV/AIDS epidemic. It provided an opportunity for discussions among leaders of all sectors with the hope that these discussions would help facilitate leadership commitment to addressing the epidemic. The programme witnessed a high level of participation from representatives of all sectors of the community.

On Monday the 5<sup>th</sup> of December 2005, at 10:15 - 12:30hrs, a hard talk session focusing on the topic 'Making the Money Work' was discussed by panelists **Peter Piot**, Executive Director, UNAIDS, **Jimmy Kolker**, US Ambassador to Nigeria, **Kingsley Moghalu**, Head of Global Partnerships, Global Fund, **Debrework Zewdie**, Director, Global HIV/AIDS Program, World Bank, **Kunio Waki**, Deputy Executive Director, United Nations Population Fund and **Stephen Sinding**, Director-General, International Planned Parenthood Federation (IPPF). Robert A. Jamieson, Editor in Chief, the Chronicle, Malawi moderated the session. The session was sponsored by the World Bank.



Photo credits: UNAIDS/S. Aghaeze

(Left to right): **Kunio Waki**, Deputy Executive Director, UNFPA; **Dr. Peter Piot**, Executive Director UNAIDS; **Debrework Zewbie**, World Bank; **Kingsley Moghalu**, Head of Global Partnerships, The Global Fund; **HE Ambassador Jimmy Kolker**, Assistant US Global Aids Coordinator

15% of their annual budget to address the epidemic, this has not been implemented by a high majority of African Nations. Primary Health Care Delivery Systems must be improved upon while efforts must be well coordinated to ensure effectiveness in this fight against HIV/AIDS. The African Minister of Health meeting held on SRH is a step in the right direction in redressing this, as concerted new efforts are needed to address the epidemic. As noted, NGOs are doing a lot of work, though presently, a lot of grounds is been lost in respect to prevention.

Winning the global fight against the HIV/AIDS epidemic requires that all efforts be harmonized to mobilize more resources, efficiently utilize the resources mobilized to ensure greater positive impact worldwide, making the "Three Ones" a reality, coordinating efforts at the national level in order to bridge the gap between policy formulation and implementation and capacity building in the areas of technical and human resources.

Recommendations made at the end of the session include the need for more effort and resources mobilization to support easy access to free treatment especially for people living with HIV, need for more activism for prevention, fiscal discipline is crucial in addressing the epidemic. Also, as in the case of the Tsunami disaster where a lot of off-budget expenditure was incurred, the same should operate with HIV/AIDS. 40-60% of the World Bank funding should be channeled to support community based efforts. It is equally important to be futuristic in addressing the epidemic, take accountability very seriously, ensure the international community's commitment to fulfilling their financial responsibility, increase focus on prevention as the vital key to ending the pandemic and pursue PEPFAR to reconsider its ideologically driven restriction for funding programmes, since this is limiting the potential benefits of the fund. More commitment is required of the international community in fulfilling their financial obligations. Finally, it is important for nations to be more proactive and less reactive in their HIV/AIDS agenda.

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**Launching of the Pan African Business Coalition:** In the noon, there was a special symposium on the launching of the Pan-African Business Coalition on HIV/AIDS at 13:00-13:45hrs. Speakers at the session were **Amina Oyagbola**, Corporate Services Executive, MTN, Nigeria, **Patrick Mugambe**, Global Business Coalition on HIV/AIDS, **Marc Sterling**, Director RST ESA, UNAIDS, **Donald De Korte**, Chief Executive, MSD, **Brad Mears**, CEO, SABCOHA, **Debrework Zewdie**, Director, Global HIV/AIDS Program, World Bank, **Peter Piot** (Executive Director, UNAIDS) **Carol O'Brien**, Merck Foundation.

The Pan African Business Coalition consists of members from 16 countries namely Botswana, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe and South Africa. The member from South Africa is

currently serving as Chairperson. The session was co-sponsored by the South African Business Coalition on HIV/AIDS, the Nigerian Business Coalition on HIV/AIDS, the Global Business Coalition on HIV/AIDS and Merck Foundation.

The main objectives of the Coalition includes efforts directed at mobilising and co-ordinating country coalitions to take effective action on HIV/AIDS by expanding on or initiating new but sustainable responses; Synchronising and enhancing the efforts of the African business community with those of other national and international stakeholders thereby ensuring a comprehensive collective response on HIV/AIDS; promoting support for research, impact assessments, protection of legal and human rights, access to affordable treatment and the development of management principles relevant to HIV/AIDS; encouraging and facilitating



Photo credits: UNAIDS/S. Aghaeze  
Speakers at one of the Leadership forum session

Multi-sectoral and multi-country partnerships and initiatives, aimed at preventing the spread of HIV, providing care and support, and alleviating the economic impact of HIV/ AIDS; and creating an interactive HIV/AIDS knowledge centre with a central database and up-to-date information, material resources and the best practices, which will be of value to the business community, in Africa and internationally.

The session focused on setting up the coalition and on identifying mechanisms for the mobilisation of resources to strengthen the business sector participation in addressing the HIV/ AIDS epidemic in Africa. It recognises that there are challenges in leveraging contributions by donors towards commitment to the national response yet the coalition needs to highlight clearly to the business community its need to be committed and contribute to national response. This could be achieved through organised conferences to sensitize members of the business community on the need for their involvement in the HIV/ AIDS response.

The Coalition hopes to promote the greater involvement of Franco-phone and Central African countries in its activities as well as encourage more dialogue among members. The coalition website should be launched in 2006.

**Dialogue session: scaling up Universal Access to Prevention, Care and Treatment:** Later in the day at 15:00-17:00hrs, a dialogue session was held titled 'Scaling up Universal Access to Prevention, Care and Treatment'. The session was chaired by **Luis Gomes Sambo**, the Regional Director for WHO Africa and moderated by **Thomas Adaba**, Chairman Trim Communication, Nigeria. Panelists were **Eyitayo Lambo**, Minister of Health Nigeria, **Jim Kim**, Director, HIV/AIDS, WHO, **Michel Kazatchkine**, French Ambassador on HIV/AIDS and transmissible Diseases, **Rima Salah**, Deputy Executive Director, UNICEF, **Nkandu Luo**, SWAA, Zambia, **Fama Ba**, Director, Africa Division, UNFPA. The session was sponsored by WHO.

The speakers identified that African countries faced challenges in meeting the target of devoting 15% of their annual budget to improving the health sector as agreed in the Abuja Declaration, treating HIV infected patients in the tertiary health sector, ensuring access of children to ART and providing these children with the needed psychosocial care.





While National Action AIDS Committees have been established in most African countries for the coordination of HIV/AIDS related response, many country responses still lag behind expectations. The coordination efforts of these agencies should ensure lives are saved and the HIV efforts should be holistically directed – not promoting one section at the expense of the other. Awareness creation and programme implementation should be innovative and complementary with focus on ensuring health system development.

While ensuring universal access through resource mobilization, countries need to be more specific in asking for donor support. It must also be recognized that sustainability and predictability of resources are critical as they open unprecedented prospects for prosperity. Global Fund may need to change the present model of funding support and adopt a multilateral approach.

The session concluded that evidence supports the feasibility and cost effectiveness of scaling up prevention and treatment. There is therefore a need to invest in such efforts: ensuring integrated prevention and treatment efforts.

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**Special session on AIDS in Africa: three scenarios to 2025:** At 17:15 – 19:15hrs on the 5<sup>th</sup> of December 2005, a special session for leaders also held. This time, the panelists discussed on ‘AIDS in Africa: three scenarios to 2025’. The Chair of the session was **Urbain Olangueana Awono**, Minister of Health, Cameroon. A key remark was given by **Michel Sidibe**, Director, Country & Regional Support Department, UNAIDS, Presenters were **Alistair Frasier**, UK, **Babatunde Osotimehin**, Chair, National Action Committee on AIDS, Nigeria and **John Rwomushana** from Uganda. The session was moderated by **Emelia Timpo**, Associate Director, Country and Regional Support, UNAIDS. The session was co-sponsored by UNAIDS.

In his key remarks, Dr Sidibe explained the scenarios concept and how scenarios can be used within the context of the AIDS response. Some of the challenges and assumptions of the AIDS response were also highlighted. Babatunde Osotimehin and John Rwomushana from Nigeria and Uganda highlighted the implications for the scenarios in Nigeria and Uganda respectively. Alistair Frasier discussed on Shell’s involvement in the Scenarios Project.

Discussants needed to address issues related to identified factors that drive the epidemic; the needed resource to address the scenarios created including its utilization and allocation; as well as the need to ensure that national government’s ensure budgetary allocations for addressing the epidemic with the involvement of grass root response rather than the present scenario of extreme dependency on external funding.

The session ended concluding that there is the need for more effective policies and strategies in responding to HIV/AIDS at the national level. It was also decided that ensuring productive partnership within the public and private sectors as well as community involvement with a focus on tradition and culture would help in promptly addressing the epidemic. The session ended on the note that great consideration should be given to gender empowerment, as it is important in order to have efficient Health systems that can ensure effective health delivery.

A consensus was reached by all that the “three scenarios” would need the joint effort of all stakeholders in taking concrete action. All should collaborate to change and build a successful response and consequently replace despair with hope

**Dialogue session: Leaders of Hope: Living Positively with HIV/AIDS:** On Tuesday 6<sup>th</sup> of December 2005, at 10:15 to 12:15 hrs, a dialogue session on 'Leaders of Hope: Living Positively with HIV/AIDS' was organised and sponsored by Action AIDS Nigeria. The session was chaired by **Lady Julia Burton**, *Wife of former British High Commissioner to Nigeria* and **Prof. Femi Soyinka**, *President, ICASA 2005* and moderated by **Moji Makanjuola**, *Health correspondent, the Nigerian Television Authority (NTA), Activist in HIV/AIDS work*. Speakers were **Pat Matemilola**, *Coordinator, NEPWHAN*, **Erick Gbodossou**, *President, PROMETRA, Senegal*, **Yinka Jegede Ekpe**, *HIV/AIDS Activist* and **Ludfine Anyango**, *HIV/AIDS Activist, HIV/AIDS Coordinator, ActionAid International Kenya, Member of UN Task Force on HIV/AIDS at the UN*. The session was co-sponsored by Action AIDS International, Nigeria. The objectives of the session were to provide people living with and affected by HIV/AIDS with practical ways of living with the virus, to generate ideas on how best to cope with stigma and discrimination, to offer practical ideas on empowering families and communities to respond to the virus and to identify roles individuals could play in the fight against AIDS.

Practical steps identified for PLWHA to live positively include the need to be knowledgeable about the virus, remaining active without stigmatising oneself as self stigma promotes isolation and isolation kills. It is important to avoid psychological stress. It is equally important to learn to break the silence around one's status especially to those who need to know amongst others. Provision of care for PLWHAs was also identified as a partnership approach which involves finding "local solutions for local problems". It was highlighted that



Discussants at a session

ARVs drugs are not the only solution for AIDS in Africa, rather safe, efficacious, affordable, culturally appropriate traditional medicines are a very important part of the solution.

The family also has a role in HIV/AIDS prevention, care and support including providing psychosocial support (emotional and spiritual), custodial care (cooking, cleaning, feeding, helping with toilet needs e.g.) and administration of treatments and more subtle elements such as love and emotional healing. It is therefore important that the family be linked to community and health care programs, be educated on various feelings they are expected to go through and how to handle it and provided with needed peer and financial support to enhance their role as primary care givers.

Mentoring is very important in developing the leadership potentials of PLWHAs, young girls and women. Equally important is the need for policy makers to facilitate PLWHAs, especially women, to participate in issues that affect them not just a tokenism action. Leaders must be consistent, ABC does not work for women therefore, full options must be explored to protect women based on their local context. Policy makers and leaders must put in place policies that guarantee availability of condoms or other barrier methods that empower women. Leaders must stand by the PLWHA to advocate for treatment and care so that stigma can be reduced

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**Round table discussion: Impact of AIDS and Poverty on Women:** Also on Tuesday the 6<sup>th</sup> of December 2005, between 12:30 and 14:30hrs, the topic 'The Impact of AIDS and Poverty on Women in Africa' was discussed by panelists **Maryam Ciroma**, *Nigeria's Honourable Minister of*

*Women Affairs, Abiola Tilley-Gyado, Plan International Strategic Framework for Africa Representative, Micheline Ravolonarisoa, Head of Africa Section, UNIFEM headquarters New York, Rolake Nwagwu Odetoyinbo, PATA. Blessing Chebundo, Coordinator of SADC Association of Parliamentary Health Committees, Parliament of Zimbabwe, Fathia Mahmoud, SWAA, Sudan and Esther Mwaura, Coordinator, Groots Kenya.* Eugenia Abu of the Nigerian Television Authority and Foyeke Tolani, OXFAM moderated the session. The session was co-sponsored by UNIFEM.

Issues raised include the fact that HIV has been feminized - women are treated as vectors and are often times denied access to treatment. The patriarchal African system criminalised the positive unmarried pregnant women with no consequences for the male partner. The ABC has failed the African woman. Rather a new acronym ABCDEF was proposed. In post conflict countries (e.g. Sudan) programmes for reconstruction and disarmament create unhealthy situations which make women and female ex-combatants vulnerable to infection.

**A – Accept** that pre-marital sex cannot be avoided

**B - Be realistic**

**C – Choices:** women should have choices

**D – Delay** sexual debut and teach the young ones to do the same

**E – Empowerment** of women

**F – Financial independence** of women

To address the issues, it is important that mechanisms for coping with the risks attendant with marriage such as spousal violence, which is shown to be related to acquisition of HIV, are put in place. Also, leaders and policy makers need to appreciate how HIV impacts on women and other persons in society. The empowerment of women should be taken seriously. There is equally an important need to institute proper distribution channels of HIV resources to cater for women and also mechanisms that would allow accountability on the use of the resources. Country performance indicators should ensure genderisation of programmes which focuses on the welfare of the woman and the child. As a consensus, it was agreed that gender and HIV/AIDS should be mainstreamed into every country's economy sector.

**Special session: Public Private Partnership:** Later in the day, there was a special session on Public Private Partnership scheduled for the International Conference Centre, Abuja, between 15.00 - 17.00 hrs. The session was co-sponsored by the Global Business Coalition on HIV/AIDS, Merck Foundation and the Nigerian Public Private Partnership Forum. The Public Private Partnership Forum is a large and inclusive partnership and coordinating mechanism between the Government (Ministry of Labour), the employers, the



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*(Left to right): Professor Shiela Tlou, Minister of Health, Botswana; Rima Salah, Deputy Executive Director UNICEF; Mesekere Grunitzky-Bekele, Regional Director, West Africa, UNDP; Pierre Mpele and the Executive Director of UNIADS, Peter Piot*

unions and development partners in support of the implementation of the National Workplace Policy on AIDS. Laurie Garret, Science and Health writer, USA and Donald De Korté, Chief Executive, MSD, chaired the session. Panellists were **Therese Lethu**, Director, Global Business Coalition European Office, **Emmanuel Alhassan**, National Action Committee on AIDS, Nigeria, **Carol O'Brien**, MSD, South Africa, **Furo Ibiama**, Community Leader, Bonny Kingdom Development Committee, Nigeria, **Igor Any-Gah**, UNILEVER, Cote d'voire, **Ngozi Onyia**, Medical Adviser, Nigerian Breweries, Nigeria and **Jay R. Pryor**, Managing Director, Chevron Nigeria.

The session focused on examining the successes and challenges of business coalitions and the socio-economic impact in view of the Public Private Partnership Forum. Discussants noted that leadership commitment was very important and documentation is necessary especially regarding agreements on roles and responsibilities of all partners in the forum/coalition to avoid situations of partners going off track. An exit clause should also be included in such defined partnership relationships.

In a partnership, mutual trust, honesty, and assurance in the ability to deliver and sharing of credits and blames are not negotiable. Such coalitions should ensure shared burdens and rewards for mutual benefit. It is advisable to start the partnership on a small scale and develop into a bigger partnership.

To address possible challenges, participants noted that there is the need for a good measurement matrix in the partnership agreement. Reinforcement should be based on good leadership. Procedures should be followed carefully including the need to review the past and plans for the future. Finally, development of the Public Private Partnerships should be from within Africa and not sourced from outside Africa. A good example is the HIV/AIDS workplace policy for Chevron, which was developed in Africa, and Africa focused.

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**Special session: Leadership in Action-Beyond Commitment:** The final session of the Leadership Forum was held on Tuesday the 6<sup>th</sup> of December at 17:15 - 19:15hrs. The special session, tagged Leadership in Action-Beyond Commitment, was co-sponsored by UNDP. **Peter Igho** of the Nigerian Television Authority moderated the session. Panellists consisted of **Elhadj As Sy**, Director of HIV/AIDS, UNDP, **Boga Fidzani**, M&E Advisor National AIDS, Coordinating Agency, Botswana, **Paul Sagna**, AIDS Services Centre, Senegal, and **Sissey Abebe**, Media Chief, Ethiopia.

The discussion focused on translating leadership commitments to actions. This involves bridging the implementation gaps and taking a stand and challenging stigma, stereotypes and marginalization. Present leadership conversation should also focus on sustaining an AIDS free generation through maintaining and nurturing a key asset -multi-sector partnership for strengthening the national response. The answer to this all lies within the communities: empowering communities for action on AIDS is therefore crucial.

The discussants came to the conclusion that communities are the cornerstones of the community home based care and orphan care programmes. Communities also have a big role to play in prevention and treatment programmes. Thus community-based leadership is crucial in the response to HIV/AIDS. It is equally crucial to devise mechanisms at the national level to support community efforts. Failure to do so could discourage communities and undermine potential gains.

While the panellists identified major strides in the right direction within



Discussants at a special session

various countries in Africa, it also identified a need for greater commitment, action, partnership and the need for greater drives to achieve results oriented programmes. Incentives should be provided for people to know their status and behaviour change communications efforts should be supported, as behaviour is important in driving the epidemic. Collectively, a lot more can be achieved.

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### 3. Abstract driven sessions

**Track A: Accountability, politics and policies in HIV/AIDS:** The track sessions reviewed the performance of previous conferences, related declarations and conventions in respect to HIV/AIDS in Africa. It also focused on progress made by the various international bodies, agencies, African governments and NGOs. The session analysed reports to identify gaps and challenges and how to address these to help facilitate further progress in the field. Monitoring strategies to implementation of future initiatives were also discussed.

The session featured papers that discussed food security and HIV/AIDS in Africa, identified National monitoring strategies for HIV/AIDS programming, plans for scaling up HIV/AIDS response by African countries including PMTCT and OVC related programmes. There were also discussions on the World Bank MAP project in Africa, the impact and implications of the PEPFAR programme, the business and community responses to HIV/AIDS in various countries as well as the role of the various strata of government in ensuring comprehensive HIV/AIDS responses.

There were 19 oral presentations for the Track A. The papers addressed 6 of the 7 identified sub-themes of the conference. No paper was received for the sub-theme 'Trade agreements and intellectual property rights'. The track A presentations took place over a period of 3 days (Monday 5<sup>th</sup> of December 2005 to Wednesday 7<sup>th</sup> of December, 2005).

An issue that was brought to light during this session was the huge amount of funds that has been committed to HIV/AIDS research, programmes, and implementation with little transparency and accountability for the invested resources. Equally, there had been little monitoring of the expended resources. This may have been due to limited human capacity to expend resources as well as poor procurement systems for ARVs, which has become the biggest cost driver in many national HIV/AIDS budgets.



Participants during oral abstract presentation

major challenges for the National Response. The need for a system that would generate standardized strategic information to guide implementation of HIV/AIDS intervention does not require over-emphasis. Establishment of a monitoring system helps improve planning, management of resources, and monitoring of activities.

Another session noted the importance of the 'three ones' in addressing this gap. For effective HIV/AIDS prevention and control at the local level, districts must plan, manage and monitor programmes that have tangible and measurable outcomes. A bottom up approach that involves the community in simple evidence based planning and decision making, fosters programme ownership, encourages targeted interventions and increases eventual uptake.

M&E of HIV/AIDS interventions has been identified as one of the

From the Nigerian experience with the implementation of the three in one principle and the development of a national M&E framework adopted by all HIV/AIDS stakeholders and programmers, there is improved data quality and information flow. However, there is a need for human and technical capacity building, ownership of the system through feedback and local utilization of data, logistical support at decentralized levels.

While focusing on the M&E and ensuring strengthening of the national mechanisms, it is equally important to ensure that all stakeholders are responsible for delivering holistic HIV/AIDS programmes. National Health Insurance Funds should equally help to address HIV/AIDS related challenges including the facilitating of ARV drug access by PLWAs.

An identified emerging issue is that of the need to foster the African Peer Review Mechanism (APRM) based on national ownership and leadership by all participating countries. However, the mechanism should ensure transparency, accountability, technical competence, credibility and freedom from political manipulations. The APRM presently does not identify HIV/AIDS in its plan of activities. There was a consensus of opinion that the mechanism should include HIV/AIDS related programmes and that guidance and support should be given to the 16 African country signatories to ensure its accountability on implementation of HIV/AIDS related programmes.

**Track B: Prevention and Control:** The track focused on highlighting strategies for HIV/AIDS prevention and control with emphasis on best practices, cost effective models for community based interventions as well as lessons learnt and potentials for improvement and extension. Innovative ways for overcoming barriers for scaling up and sustaining HIV/AIDS prevention and control efforts were also to be identified.

Seven sub-themes were identified including the need for microbicides and barrier methods for HIV prevention. In all, 50 oral abstracts were slated for presentation. Most of the abstracts were focused on VCCT, high risks and vulnerable groups and the role of the family and community in HIV prevention and control. No oral abstract was presented in respect to blood and blood products as well the place and importance of the right-based approach to HIV/AIDS prevention.

With respect to STI management for HIV prevention, the session identified the need to target and tailor STI/HIV related services for female sex workers amongst whom a high prevalence of STIs are recorded. In addition, the WHO guideline on syndromic management of STI should be validated in local settings to ensure inclusion of newly identified risk factors and variables as well as cost of treatment so as to make it more comprehensive.

While the importance of VCCT has been acknowledged as a critical entry point for HIV/AIDS management, the session also identified the need to target men as a strategy for involving the family in VCCT as well as in HIV/AIDS prevention, care and support programmes. Males can be involved in ANC VCCT centres through the facilitation of couple counselling. This would help increase PMTCT uptake which is presently low due to poor support by spouse. Men can also be targeted at the workplace. Male focused



The ICASA 2005 President speaking at a session

programs can be designed by males involved in community projects thereby facilitating increased acceptance within their peers.

In respect to the high-risk population, their risk for contracting HIV infection is usually increased due to destabilisation and weakened social infrastructure for those in arm conflict settings, poor access to public services and the absence of HIV/AIDS mitigating measures specifically tailored to meet their peculiar needs. Such programmes designed to meet their needs should include the target population to ensure mutual collaboration and trust between service providers and project beneficiaries. There is a need for social marketing as a strategy to reach these often mobile populations with high risk behaviour. There is also a need to ensure collaboration and synergisation of approaches between the public and NGOs to be able to effectively address their needs. Such efforts should ensure decentralisation of efforts and the building of local capacity for such efforts including resource mobilisation capacity. For prison inmates, the need to develop structures that would ensure married inmates can enjoy their conjugal rights should also be pursued. This would help reduce the number of cases of circumstantial homosexuality, which increases HIV infection risk and spread.

**Track C: Treatment, care and support:** The track tried to address the entire scope of providing treatment, care and support for persons infected and affected by HIV. Efforts were directed at identifying innovative ways of providing care and support for persons infected and affected by the epidemic within a continuum of care. Ways of integrating innovative concepts of care into the general health care delivery system were discussed along with issues related to treatment literacy and management of opportunistic infections. The track had seven identified sub-themes. There were 62 oral abstracts slated for presentation in this track.

The session noted that in low and middle income countries, the price of first line ARVs were similar. However, there were discrepancies noted in the price of the second line drugs with them being 5 to 28 times more expensive than the first line drugs and not affordable in many developing countries. The prices paid for these drugs are 2.2 to 11.7 times higher than the theoretical prices which make these theoretical prices a misguide for budgeting and planning. It would therefore be necessary to increase the number of companies producing ARVs to help address the monopoly and bring down cost drastically especially with respect to second line drugs.

In respect to ARV use, good responses were recorded even in clients with very low CD4 counts though such patients that present late often place heavy demands on care and support services through unscheduled emergency consultation, admissions and costs of medications. Despite this, there was still a high record of survival though immunological and virological responses were slower. Treatment failures were often due to clients forgetting to take their medication or instances where they grow weary of drug intake thus needing support.



Dr Abebe asking questions during an abstract session

The role of traditional healers in providing care and support was also highlighted as there needs to be more training in this respect to help enhance the integration of their practice with that of the biomedical health practitioner. However, this process can only be facilitated through a fostered healthy relationship between the two health systems. The training and awareness efforts need to be directed at practitioners within the two health systems.

While the two systems can help in ensuring access to treatment, care and support, the family, especially the male spouse, are important in ensuring adherence to treatment. A study showed that low male involvement in AIDS care and support programmes also reduce adherence. For youths, integration of treatment services within youth friendly projects also helps facilitate uptake. Religious institutions as well as PLWA support groups and the media can equally help to facilitate drug adherence counselling. Non-health community workers and volunteers could also mobilise communities to increase treatment literacy efforts especially where such efforts are needed particularly preceding national ARV roll out programmes.

A lot of green areas in need of more research were identified. This includes the need to establish the prevalence of *P. carinii* in African countries as well as the anti fungal susceptibility pattern of fungal opportunistic pathogens; characterisation of anti HBS, anti HBC and HBV DNA; possible markers for initiation of ART; as well as comparative studies of family support model and other forms of ART adherence support systems needed.

**Track D: Science and the community - bridging the gap:** The session focused on behaviour research such as those that influence the spread of HIV as well as issues that affects people's knowledge, attitude and HIV/AIDS related practices. The track also focused on issues related to ARV drug resistance, HIV mutation as well as tools used for diagnosis of the infection. There were 38 oral abstracts presented cutting across the seven sub-themes identified for the track.

The abstracts presented on new HIV technology focused on the importance of facilitating community involvement and mobilising the community early for participation in the research and development process. Experiences from sites were also shared. The SAVVY (microbicide product) trial site in Nigeria noted that the community was quite suspicious of research and understood poorly the research concepts. Many were sceptical about the safety of study products, there was difficulty with tracing and retaining trial participants, while a number were equally afraid of taking the HIV test; which was a requirement for enrolment. The place of commitment and transparency to ensure participants' commitment was highlighted.

The session also highlighted the complex nature of the HIV-1 molecular diversity and the emergence of drug resistance strains in patients undertaking ARV drugs. The need to understand these issues was highlighted in view of planned ARV roll out programmes and scale up programmes. Understanding the impact of these issues on drug resistance development was critical due to its potential clinical impact on the development of treatment guidelines and assessment of drug efficacy, as well as the potential clinical



Participants during one of the speaking sessions

impact of the distant mutation patterns observed in non-B prevalent countries. Equally important is the need to include appropriate monitoring of drug resistance into ART programmes. A paper also discussed about an in-house colorimeter assay developed in Gambia for measuring HIV RNA in plasma, the assay is comparable to other commercial assays and cheap.

The sessions highlighted ways of possibly bridging the gap between science and the community. This includes the need for researchers and trial sponsors to facilitate research literacy efforts within



proposed communities. These literacy efforts would reduce myths and misconceptions about trials and help facilitate informed community participation in research efforts. Also, community engagement/involvement in all phases of research processes could equally help build capacity within the community to enable them engage meaningfully in research process and equally help the researchers understand community perspectives on issues. This would help reduce the tendency for community-researcher conflicts that would otherwise stall the research process. Also of considerable importance is the high number of drug resistant strains in ART naïve non-B infected individuals, which would affect drug therapy. Finally, characterisation of HIV strains in Africa is needed urgently as there is evidence to show that immune escape variants of subtype specific polymorphisms are present within the population and this would affect the planning, design and outcomes of HIV Vaccine research

**Track E: Human rights, gender and Ethics:** The track focused on discussing and bringing out salient issues on human rights, gender and ethics which impact on HIV/AIDS interventions in the context of the family. While some sessions identified challenges faced by HIV/AIDS programming based on human rights and ethics and ways of improving on the current situation on the continent, other sessions discussed ethical issues in HIV/AIDS research, as well as ethics and human right issues that affect HIV/AIDS in the workplace. A large number of presentations focused on stigma and discrimination: its impact on the epidemic and identified ways of addressing this within the community. There were 16 oral abstracts presented on the track on Monday and Tuesday the 5<sup>th</sup> and 6<sup>th</sup> of December 2006.

One of the human rights issues addressed is the growing need for national policies and programmes to address the HIV/AIDS issues and needs of persons who engage in same sex practice (PESSP). Currently national HIV/AIDS responses on the continent are not PESSP friendly. There was a call for legitimisation of PESSP status in national constituencies and programmes. This would allow for easier monitoring of activities PESSP engage in including HIV/AIDS related high-risk behaviours.

Equally important is the need to recognise the right of the child for effective HIV/AIDS control. Using a rights based approach in defining HIV/AIDS control and impact mitigation strategies would help ensure the recognition of all the child's needs. In addressing these needs, cross cutting issues like stigma, gender inequality and access to treatment would equally be addressed.

Males should be involved in addressing gender inequality issues in Africa especially women stereotyping which increases women's risk of HIV infection. It also would involve engaging men as peer educators to increase their visibility in HIV/AIDS control and impact mitigation efforts.

The ethical challenges in the conduct of HIV/AIDS research programmes were equally highlighted. While researchers try to ensure informed consent and avoid undue inducement in the conduct of research, almost any monetary compensation can serve as an inducement in resource poor settings like Nigeria. The only long term solution is for the national government/partners/research sponsors to support research literacy efforts so as to ensure trial volunteers understand the rudiments of research thereby reducing trial challenges such as therapeutic misconceptions.



Youths at the conference

**Track F: HIV/AIDS, youth, children and family:** Discussions in this track tried to identify effective ways for preventing and controlling HIV infection amongst young people, the growing crisis of children orphaned by HIV/AIDS, and the impact of the increasing number of children headed households arising from death of parents. Discussions focused on how to mitigate the impact of parents' death from HIV/AIDS for youths and children, addressing the issues of ART for youths and children, assessment of country impact of youth peer education programmes, ABC as related to youths in Africa and the role of parent child communication in youth HIV/AIDS programming.

There were 28 oral abstract presentations. Prevention, care and treatment of HIV infection in youths and children were the main focus of most of the presentations and discussions. Youths constitute the most vulnerable group to HIV infection in various countries in Africa yet they are not well represented in terms of access to prevention and care services. HIV risk behaviour is still high.

A few speakers noted the importance of youth friendly centres that equally provide VCCT within a holistic health care service provision system, increasing the access of youths to VCCT. Youths can also effectively advocate for themselves and this has been found to be a more effective modality for reaching out to peers when there is support from leaders and the community.

In addressing HIV infection within the family structure, effective PMTCT can help ensure that all infected persons within a household are reached and managed. PMTCT programmes can only be successful however when there is male involvement as well as adequate community preparedness before the commencement of programme. Involvement of district level health care services is also essential for good outcomes as noted by Malawian reporters.

**Track G: Impact and impact mitigation:** The track identified research studies, models and scenarios relating to the economic, social, demographic and sectoral impact of HIV/AIDS at the micro and macro level. It focused on highlighting how poverty and gender affects the ability to effectively respond to the AIDS epidemic. Six oral abstracts were presented under this section. 75% of these abstracts focused on the impact of wars and conflict on the epidemic while the others discussed the need and impact of economic empowerment programmes for PLWHAs.

Wars and conflicts often result in population migration. This mobility affects a large segment of the population including professionals and the military. Equally, as a result of this movement, there are a large number of refugees. This mobility and instability increases the risk of engaging in high risk behaviour and contracting HIV infection. These all cumulatively have a negative impact on the economic growth; distorts the age structure of affected communities creating a youth bulge that leads to crime and social disorder; psychosocial disturbances that fosters extremist ideologies; citizen exhaustion and withdrawal from public life; drop in life expectancy making it impossible to sustain complex institutions and reversing the processes of economic and political development; and human resource losses to AIDS thereby undermining the functioning of key institutions. States may therefore fade away because of lack of skilled persons to run them.

Addressing these involve institutionalising support for programmes involving groups especially those that are partnership oriented, real and ally across cultures, disciplines and across states of health. Limitations to possible success however include the complexity of achieving the equilibrium between internal and external policies addressing the epidemic and lack of synergy and synchronisation due to limited resources and skills. The impact of these limiting factors can however, be addressed by acknowledging the problem, understanding the nature of the threat, putting in place measures to prevent new infections including workplace related efforts; and mitigating the effects of AIDS related attrition on strategic institutions. Most importantly, clarity of purpose and provision of adequate resources, committed leadership, a clearly thought through policy framework, skilled and dedicated staff coordinating and implementing policy, continued capacity building and deployment of effective communication strategies can help limit the negative impact of war, conflict and HIV/AIDS. Defined definitive interventions should include post exposure prophylaxis, PMTCT, access to therapeutics and long term ART services.

**Poster session:** There were 120 posters focusing on the various themes from each track scheduled for presentation each day. A total of 600 abstracts were to be presented in the conference. During the conference most poster boards were empty as people made last minute cancellations of their attendance plans. A number just did not show up. Others wrote to notify programme organizers that they could not make it due to lack of scholarship support.

## 4. Non- abstract driven session

### 4a. Roundtable discussions

35 round table sessions were organised. A number of the round table sessions were co-sponsored by donors and multilateral agencies. The roundtable sessions were arranged as discussion sessions wherein participants could engage the panellists on various topics. Roundtable sessions held everyday of the conference.

**(i). Adolescent sexual health.** The session noted that patrilineal cultures do not support unmarried young mothers/youths. This places them in a dilemma as they are no longer youths and are neither adults.

Unfortunately, there are increasing numbers of young unmarried parents as young girls are forced into early childbearing. The session noted that as high as 50% of girls are married by ages 15 - 17 years. Very few are in school generally, out of these few, about 2% drop out of school due to early pregnancy or forced marriages. These same youths are the worst affected by the HIV/AIDS epidemic. These single parents are exposed to sexual and economic exploitations. Unfortunately, this group is often not addressed in national socio-economic development programmes. The session noted that there is a need to focus on addressing the need of this community of young single mothers through the promotion of integrated interventions, supporting the formation of networks and support. It is equally important to involve these parents in discussions on issues that affect them.

**(ii) Youth, children and the family** corroborated the need to holistically address the issues of youth, children and HIV/AIDS. Youth clubs and youth friendly centres that offer youth friendly services have been demonstrated to enhance the access of youths to VCCT, which is provided



Edd Lee from the American Vaccine Advocacy Coalition talking about the MTV Campaign at a Media Roundtable

within these facilities. However, the support of leaders and communities are important to facilitate maximal benefits of these programmes/projects. The session noted that PMTCT and treatment for children were crucial in addressing the HIV/AIDS epidemic. However, stigma and concerns about bottle feeding and lack of family support often prevent many identified mothers from continued access to services. Studies show the effectiveness of male involvement and adequate community preparedness as crucial to the success of PMTCT programmes. Treatment of Children with ARV is still poor within the African setting. However, in Malawi, good results have been achieved through the cooperation of the government and the civil society. Implementation has been at the district level.

**(iii) HIV transmission through breastfeeding:**

Of great concern was the issue of breast-feeding and HIV transmission. Discussants identified constraints to alternatives to breast-feeding by HIV infected mothers. While it is well recognised that HIV can be transmitted through the breast milk (as high as 5 -20% transmission rates have been recorded), many mothers find it difficult to adopt bottle feeding, heat treatment of expressed breast milk, HIV negative wet nursing or even early cessation of breast feeding. This is more so in a culture where mothers are expected to breastfeed. Mothers who do not breastfeed therefore have a feeling of self guilt, anxiety over the survival of their babies and the lack



of bonding. It was recommended that a lot of awareness campaign on PMTCT is still needed to help promote support for HIV positive mothers and their children. There is a need for more research in respect to PMTCT and the need to source for breast milk substitutes locally.

**(iv) ART service delivery:**

A number of other sessions addressed the issue of ARVs. These include the session on **sustainability of ARV in African Countries** and **use of ARVs in the private medical sector in Africa**. The sessions noted that there are a lot of problems in respect to access and availability of ARVs in Africa including its procurement and inadequate research. Another challenge is that of paediatric ARV use. The contribution of the private medical sector to ARV access and use remains largely undocumented, they do not have mechanisms for client monitoring and follow up. Many are not conversant with ARV therapy, neither are they conversant with the disease reporting system. It is important to ensure long-term availability and affordability of ARV for all who need it. Access could be ensured through the empowerment of the private sector, which is more often accessed by Africans. The use of simple standardised protocol could help facilitate this process. Efforts should be directed at the possibility of provision of services to street children as well as carrying out more research into the use of fixed dose combination therapy for children.

(v) **NGOS and donor agencies in HIV/AIDS control.** Discussants identified problems and challenges faced in their support of HIV/AIDS impact mitigation and control efforts in Africa. This included programme management, access to communities and marginalised groups identified to be at risk, absence of national strategic planning to identify country programme priorities and poor governance and support for HIV/AIDS programming.



Identified ways of addressing this includes the need to change funding practice from 1-2 years to 3-5 years and the need to enable community planning groups give direction to priority funding projects. Accountability is also a great issue as this helps make donor agencies more comfortable to support projects. Donor agencies also need to publish end of year achievements. New systems need to be developed to foster dialogue between donors and NGOs, which would ensure community suggestions as the driving force for programming. National governments need to increasingly augment donor funding for programmes as well as ensure national coordination of programmes and funding.



Traditional healers (Prometra) at the conference

(vi) **HIV/AIDS workplace policies and programmes.** The workplace was equally considered important in HIV/AIDS control. There were a number of good examples of workplace HIV/AIDS programmes. The issue of insurance is a challenge due to the different types/classification of contracts for staff. Workplace policies need to improve programmes for staff on sub service agreement, service contract and retirees especially those who were on treatment while in service. One of the challenges being faced is the low utilisation of work - place intervention often due to fear of possible stigma and discrimination. This can be addressed through education, involvement of entire workforce staff in

policy evolution process, and the involvement of PLWHA as peer educators.

Other round table sessions focused on gender and HIV/AIDS in Africa, the place for traditional healers in HIV care and support service provision, and the impact of migration on the epidemic.

#### 4b. Skill building workshops

Forty-nine skill-building sessions held out of the 51 slated for the whole conference. Many of the



Breakout group at a facilitated workshop

Skill building sessions held at identified venues around the conference sites. The skill building sessions were facilitated mainly by NGOs involved in addressing the HIV/AIDS epidemic.

The skill building sessions focused on empowering and equipping individuals and organisations on how to mobilise the community for advocacy efforts with respect to HIV vaccine and microbicide preparedness, ensuring treatment literacy amongst PLWHA, enhancing the ability of individuals and organisations to

provide care and support for people living with HIV/AIDS. There were also sessions that focused on addressing issues specifically for identified communities such as orphans and vulnerable children, sex workers and persons who engage in same sex practice and other vulnerable groups.

One of the sessions on orphans and vulnerable children noted defined building blocks for organisations that were interested in getting engaged in orphaned and vulnerable children care. Many provided toolkits for participants to help facilitate continued skill building efforts. The International AIDS Society addressed abstract preparation and submission, and identified need areas for Africans. There was also a session designed for journalists. This session focused on communication skills required by PLWHA in communicating effectively with the media so as to ensure the media reports less sensationalised stories and feature more impact making reports on PLWHA related issues. The session was an interactive session between PLWHA and media personnel with both parties sharing opinions and the organisers skilfully addressing muddy issues.

The skill building session was adjudged one of the most successful sessions organised by the ICASA 2005 conference. Attendance at most of the sessions was above room capacity.

#### 4c. Special sessions

Twenty-four special sessions were organised during the conference. The sessions for Monday and Tuesday the 5<sup>th</sup> and 6<sup>th</sup> of December 2005 were dedicated to the Leadership Forum: those sessions brought together leaders from different spheres on the African continent and beyond to deliberate on issues that pertain to prevention, treatment, care and support, all delivered within a human rights framework. The sessions for Wednesday, Thursday and Friday also focused on addressing the same issues but with emphasis on ensuring effective community engagement in the process. Unlike the roundtable discussions, these special sessions allowed for more time for focused discussion on specific issues that affect the African HIV epidemic. Identified experts on these topical issues discussed on focal areas of specific topics such as paediatric HIV infection, voluntary counselling and testing, role of traditional health systems, HIV and the workplace and New HIV prevention technologies.

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#### 4d. Exhibition

Commercial exhibitions were held at the main conference venue. Exhibitors included corporate establishments, pharmaceuticals, International NGO's and a few civil society groups.

An initial exhibition layout to accommodate 82 booths of 9square meters and 18 square meters was developed. The demand for exhibition space exceeded the initial projection thus the need to make contingency plans for an additional 21 booths

Exhibitors were all given a copy of the conference guidelines policy statement



One of the highly active booths during the ICASA 2005 conference

which guided exhibitor's activities during the conference. The conference also organised for a clearing agency to help handle all exhibitors' items imported into the country. This helped reduce the logistic burden on the secretariat staff.

## 5. Community village

Most of the community programme activity took place at the community village. The village created the opportunity for different communities to bring and share skills, knowledge and experiences with others through events in the Community Village. The village, which hosted youths, children, NGOs/CBOs/FBOs and PLWHA, was alive with music, exhibition, cultural dance and performances, and it also made for group interaction. It also served as a venue for celebration of diversity and a unique location for facilitating interaction among people from all corners of Africa and the world as a whole. The Community Village was indeed a place where cultural, religious, and ethnic diversities were harmonised to create a collective identity and brought to prominence the spirit of determination of different communities in tackling the challenges of HIV/AIDS.

The goal of the community village was to offer to various community groups, delegates, including Persons Living with HIV/AIDS, a socializing space for networking, mutual strengthening and interacting on key concerns/topics of common interest, as well as relaxing and expressing themselves through cultural channels and art performances. The village was to enable local people to visit the conference and learn from it through various activities such as Cultural performances, Health talks, and Community broadcasting service and discussion forum. The community broadcasting service ran a radio structured programme which included airing of music, talk shows, phone-in discussion programmes, adverts and jingles. The programme was blared to the hearing of all visitors at the village. The station equally created opportunities for communities to share experiences of living and working with HIV/AIDS. It also availed people the opportunity to discuss lessons learned from tackling the HIV/AIDS epidemic in communities. The village was opened to the public. About 1550 persons visited the village during the conference.

Health talks and roundtable discussions were daily events in the community village. The community celebration was a major activity held in the village that facilitated interaction among members from various communities. It created a forum for experience sharing about positive living and community conversations. Delegates and visitors were availed the opportunity to interact with a few conference presenters during the celebration.

**Exhibition and Community Market:**

The exhibition booths served as outlets for marketing of products and provision of services offered by different organisations and companies in the community village. NGOs, CBOs and private organisations had an exquisite opportunity to exhibit and market products and services available from their economic empowerment projects throughout the conference. The community market attracted a large number of foreign delegates attending the conference.



**Specific Group Activities:** Women, youth, traditional healers and Persons living with HIV/AIDS network held group meetings in the village. Of prominence was the rally held by traditional healers and the drama presentation by the youths at the village square. Prominent among the meetings that held at the community was the National Youth network on AIDS (NYNETHA). The session helped facilitate the sharing of experience by African youths living with HIV/AIDS as well as ensure future commitment and support of UNAIDS for the organisation.

**Electronic Communication System:** A functional broadcasting facility was provided in the community village to serve as a communication channel for various communities attending the conference. It became operational from the second day and lasted throughout the main conference period. The facility provided opportunities for delegates and groups attending the conference to share their views and insights, exchange their knowledge and experiences, speak out their will and thoughts in HIV/AIDS work. Broadcast was made in multiple languages in order to reach a large audience.

**Social and Cultural Events:**

Twelve up coming and two prominent musicians entertained delegates and visitors in the community village daily during the conference. The village amphitheatre hosted more than six live drama and cultural performances during the same period. The social and cultural events attracted over one thousand delegates and visitors to the village every evening from the second day of the conference.



Cultural event at the opening ceremony

**Voluntary Counselling and Confidential Testing (VCCT):** Free VCCT services were offered to the general public with support received from Plan International and UNFPA. The two VCCT centres - Community village and international Conference Centre - were opened to the public for the duration of the conference. The Network on HIV/AIDS Prevention, Care and Support -Ethics, Law and Human Rights (NELA) were one of the two organisations that provided VCCT services during the conference

**Functional PLWHA lounge:** A functional PLWHA lounge was provided in the community village to take care of the health and personal needs of PLWHAs. Facilities for relaxation and recreation were provided in the lounge that also served as a massage, eating and beverage point. UNAIDS



also supported the PLWHA clinic which provided clinical services to PLHIV attending the conference. They also allocated funds for the provision of a health care facility in the PLWHA lounge during the conference period. This allowed PLWHAs to access health care and medical services during ICASA 2005. The broad objective of this healthcare and ART access was to meet the emergency, medical services and antiretroviral needs of PLWHAs participating at the conference.



Civil Society representatives at the meeting with Peter Piot

On the 5<sup>th</sup> of December 2005, a meeting of civil society representatives held at the lounge to discuss with Dr Peter Piot. More than 40 representatives of African civil society attended the meeting that set out to hear about the current challenges facing African communities.

At the meeting AFRICASO noted that the support for civil society contribution to AIDS response was still largely lip service. Presently, organisations hardly support CSO

to build organisational capacity neither do they support their realistic engagement in important processes such as the three ones, UNGASS and Global Funding. Efforts towards ensuring universal access to prevention, treatment, care and support is a prime concern of AFRICASO and they would be glad to see that CSO is meaningfully engaged in this process.

In his response, Dr Piot noted that UNAIDS would look into issues around constraints for core funding for civil society and look to broker discussions with donors with a view to developing guidelines around the issue. UNAIDS civil society partnerships unit would look to revitalize GIPA and help provide context and tools to ensure that the GIPA agenda evolves and moves forward. He also noted that UNAIDS would look to secure further opportunities for him to meet with African civil society representatives – to work out joint approaches in more detail – during 2006.

**Informal Spaces:** Spaces were created in the village for group and interpersonal interactions aimed at facilitating exchange of ideas, and experience sharing. Relaxation and recreation facilities were provided in these spaces.

## 6. Youth programme

ICASA 2005 proved to be a unique one for young people in many ways. Firstly, it was more “youth friendly” than any other ICASA previously held, because for the first time during an ICASA, young people played an active role in organizing youth specific sessions and activities related to the conference. Secondly, there was greater youth participation at ICASA 2005, no doubt made possible with support from our partners – the United Nations Population Fund (UNFPA), Plan International, UNICEF, Action health Incorporated, UNIFEM. We also had the private sector support of MTN Foundation towards the success of youth activities. Thirdly, the youth at ICASA 2005 came up with an action plan and communiqué (see appendices), which was shared with all stakeholders present.

Youth participation did not just begin during the conference in Abuja. It began several months prior to the commencement of the conference through lobbying by several youth groups for a Youth Programme for ICASA 2005. This resulted in the establishment of the youth secretariat within the ICASA 2005 Local Organizing Secretariat to develop the Youth Programme and the inauguration of a Youth sub committee to oversee its implementation working alongside the Youth secretariat and partners.

Membership of the sub committee was drawn from youth-focused and youth led organizations, faith based organizations and associations of young people living with HIV/AIDS. Representatives from partner organizations provided technical support for the entire process of deliberations and recommendations. After its inaugural meeting in April 2005, the sub committee convened twice - in July and October. The funds for convening these meetings was a major determinant of the frequency at which meetings were to be scheduled since many members of the subcommittee were youths



resident outside Abuja. The ICASA 2005 secretariat provided funds for the inaugural meeting in April 2005. UNICEF supported the meeting held in July 2005 and jointly supported the last meeting of the subcommittee with UNFPA in October 2005.

**Networking sessions:** the Global Youth Coalition on AIDS (GYCA) facilitated these sessions. The objective was to bring young people together to share lessons learned from forming networks, identify the failures of past networks, the challenges in sustaining a viable network and recommendations for future interventions.

**Youth Tour:** The tour to Ushafa village in Bwari Area Council popularly known for its pottery and visit by President Bill Clinton, was organized for interested delegates. It gave the sightseers the opportunity to meet with the people of the host city and to observe the diverse cultures and architectural landmarks of the city. As part of the tour, there was a pre-planned welcome reception by the village youths. There were cultural dances and display of cultural wears and gears by the Bwari youths.



Youths networking at the conference

**Cultural Exchange Dinner:** This event was the climax of all youth activities during ICASA 2005. The Honourable Minister of Intergovernmental Affairs, Youth Development and Special Duties hosted the dinner. It was well attended by delegates and representatives from partner organizations. The Director, UNFPA Africa Division, Mme Fama Hane Ba, Nobel Laureate Wole Soyinka were among the dignitaries who graced the event. The Minister also presented emblems and souvenirs to all foreign youth delegates at the dinner.

**First African young positive (AYP) meeting:** The first meeting of the young positive Africans was conveyed at this conference. The aim of the meeting was to identify and understand key issues, challenges and opportunities faced by youths living with HIV/AIDS in Africa including, organizations and country groups/networks of youths living with HIV/AIDS at the country level;

and to explore common regional priority strategies that would ensure and support a meaningful and sustained movement of youths living with HIV/AIDS.

At the end of the meeting, there was a consensus on the need to form the first ever body of African Young Positives to help move the agenda forward. A 5 man steering committee comprising of English and French speaking youths living with HIV/AIDS (YLWHA) was selected to man the affairs of AYP. Also, a framework on which to develop the African Young Positive work plan for 2005-2007 was determined. The session also deliberated on the need for and how to ensure the integration of AYP into the existing structures in Africa HIV/AIDS response like African Council of AIDS Service Organizations, AfriCASO, Network of African PLWHA, NAP+, and SAA. The mandate of the steering committee is to coordinate the AYP till the next ICASA which will serve as the platform for the 2nd AYP general meeting; to advocate for free ART for YLWHA across Africa and to pay advocacy visits to regional structures in HIV/AIDS- AfriCASO, NAP+, and the UN. A total of 264 YLWHA from across the English and French speaking African countries attended the meeting.

**Youth Closing Forum:** This forum served to discuss and highlight issues learned from the conference and how lessons learned can be shared with other young people. The Special Guest of Honour at this event was Winnie Mandela who was also presented with a copy of the communiqué.

## 7. Media center and media participants

An essential component of the conference was the daily media reporting of events. The ICASA news, an official publication of the conference, published daily reports on the events at the conference venue. It documented the daily events, outcomes and personalities at the conference. The report captured discussions and debates around important or emerging issues. The report enabled the conference participants to have access to follow up on issues, discussions and debates they could not participate in due to the busy and tight programming of the conference. Reports were written in both French and English. Copies were distributed free.



Also, there was a daily media briefing on the conference. Various civil society organisations, bilateral and multilateral donor agencies, government and government representatives and various stakeholders attended the briefings. These same variety of stakeholders held scheduled interviews and press briefings on their various activities during the planned press conference

The conference provided Internet services and a workstation for journalists for the duration of the conference. This helped facilitate reporting, broadcasting and daily publications on the conference in national, regional and international daily reports and news media.

## 8. Closing ceremony

Speeches were made by the ICASA 2005 President, SAA, a PLWHA, youth representatives and partners namely PLAN and UNICEF. The youth representatives included a youth with visual impairment, a young person living with HIV/AIDS, a religious youth and the youth leader.



Dancing and singing during the closing ceremony

In her presentation which represented the voice of young people, Fiona Kaikai stated *“Bringing us to ICASA, we have had the opportunity to network, learn from each other and plan for our countries and regions. We have learned good practices that can be applied in our communities, the importance of leadership and the role we can play as young leaders. We have had the opportunity to work together, plan and execute activities during ICASA...we commit ourselves to participating at all levels and call on you our leaders, donors, community leaders, church leaders, to work with us as equal partners in the fight against HIV and STIs”.*

Young people also called on all stakeholders to institutionalize youth participation at all levels in the fight against HIV/AIDS.

#### Post conference recommendation by the youth participants

- ✘ An advocacy call for change in unfavourable government policies is needed to foster a healthy environment for youth development.
- ✘ Empowering young people/capacity building through life skills development is a key determinant to defeating the pandemic.
- ✘ Peer education still remains valuable and should be encouraged.
- ✘ Establishment of youth networks with collective bargaining power.
- ✘ Financial and technical assistance for a common network of young people working in population and development.
- ✘ Upscale involvement of young people in intervention projects.
- ✘ Promote the creation of partnerships between stakeholders.

## C. Post conference programme

**At the secretariat:** Post-conference work basically involved the collation and processing of hotel accounts, making refunds for deposits, registrations and double payments and writing up of various reports. The secretariat needed to contract a consultant to help settle the accommodation logistics which ensued after the conference. KPMG was also contracted to audit the conference account. Roseline Balogun Associate handled the accounts of the conference from the inception of the secretariat. The organisation used a transparent accounting system named the quick book (this prevents account alterations). At the close of the secretariat three months after the conference, an audited report of the account had been concluded.

**Post conference SAA meeting:** The Executive Council of SAA met in February after the conference. The council identified the various challenges faced in the organisation of the conference and defined ways of ensuring improved SAA programming. With respect to SAA, the Executive Committee noted that there was a need to ensure greater visibility of SAA within Africa, to improve networking with other regional organisations, establish a functional secretariat, facilitate in-country SAA liaising bodies in Africa through with the regional body and possibly international organisations can facilitate trainings, seminars and workshops which would be aimed at building various needed capacities.

The structure of SAA needs to be redefined. Individuals that attend ICASA conferences shall be contacted about possible interest in registering as country-based SAA members. The in-country branches of SAA or SAA link organisations should evolve through a country defined mechanism.

With respect to future conferences, the Executive Committee noted that the issue of the official language of the conference needs to be critically addressed. It is equally critical to establish a mechanism for pooling of human resources from all former ICASA team. These persons would become needed resource persons for the organisation. The Committee found it necessary to evaluate the impact of past conferences. The outcome of that process should feed into the planning of the next conference.

**The future of ICASA:** The objective of the conference would continue to be to create an avenue for discussion of scientific breakthroughs in the fight against HIV/AIDS – and for mobilising African scientists to take the lead in research activities on HIV/AIDS all towards mitigating the impact of HIV/AIDS in Africa. The conference shall continue to hold biennially: at alternate years to the International AIDS conference. Country level conferences should hold in between the ICASA conferences. While Gabon is presently been proposed as the next host of the ICASA 2007 conference, its suitability to host the conference would be defined through on ground assessment of infrastructure, country capacity as well as the commitment of the National Government for its support. Finally, SAA shall now serve as the chief host of subsequent ICASA conferences rather than the national government of the host country.

## Chapter 4

### Outcomes and Challenges

**1. From the community perspective:** At the conference, one issue that sparked rare discord was the value of saying no to sex. Delegates disagreed strongly about the value of promoting sexual abstinence among populations at risk. The abstinence issue was the only subject on the agenda to cause raised voices. Although most AIDS activists, including some religious leaders, see such an "abstinence only" approach as unrealistic, the policy has its supporters and the dispute led to the only note of friction.

The most outspoken proponent of abstinence was Winnie Madizikela-Mandela, the ex-wife of former South African president Nelson Mandela and a heroine of South Africa's fight against apartheid. "We are starting to say, as mothers in Africa 'There is a remedy for AIDS after all.' We must simply tell our children to abstain. It is the means by which we will succeed in preventing AIDS, as mothers, on the continent," she told a round-table debate.

Mandela's comments caused raised eyebrows among officials and unconcealed outrage in the conference room. Nobel Prize laureate Wole Soyinka disagreed with Mandela, calling sex "*one of the things that makes the world spin*". "*We must try not to be hypocritical ... human nature is sometimes very difficult to restrain,*" the playwright said, going on to mock the "*approach that if everyone kept his thing inside his trousers the problem wouldn't happen.*"

As the conference drew to a close on Friday, four women did the rounds of the centre wearing

sandwich boards proclaiming, "Abstinence is the answer, not condoms". At the other end of the spectrum, an NGO called the Condom Project went around pinning attractively packaged prophylactics to the shirts of conference delegates, one of whom attended the opening ceremony with an inflated condom attached to his hat. A group of NGOs protested what it said were moves on the part of the US administration to attach ideological strings to money for fighting HIV/AIDS.

A delegate who identified himself as programme manager for a faith-based NGO sat through an hour-long graphic presentation of the female condom and then told the floor it was better to encourage masturbation than condom use because "masturbation doesn't cost money and allows the person who practices it to go to hell alone without taking another person with him". Most religious leaders attending the conference were more moderate. The Mauritanian Muslim leader Baba Mata said that, even if Islam frowned on sex outside marriage, it was better to use a condom than to risk infecting one's partner. His position was echoed by Father Michael Kelly, a Jesuit priest based in Zambia who submitted a statement to the conference. Kelly explained that it was a lesser sin to have pre- or extra-marital sex whilst taking measures to protect one's partner than to engage in unprotected sex in such circumstances. He also stressed the need to promote "*responsible choice that allows each individual to adopt lowest risk behaviour.*"

**2. From people living with HIV/AIDS:** PLWHA continued to ask for free access to ARV drugs and ART services as a national government obligation. During the conference, there was a protest



Prof Wole Soyinka and other delegates at the conference

with PLWHAs openly demanding in a highly organised manner, free access to ART. Throughout the conference, PLWHA wore their black t-shirts with bold inscriptions asking for free ART services. This demand continued at every PLWHA discussion forum at both the scientific and community venues.

Throughout the conference, there was very little in the way of addressing the issue. The news that MSF was withdrawing its ART services was indeed a cause of concern for many PLWHAs. Many sought information on its implication for continued access to treatment.

Cheering news however came for PLWHAs in Nigeria when its Federal Government announced its plans to ensure 250,000 PLWHAs have free access to ART by the year 2006. Though the announcement was fraught with scepticism, for many Nigerian PLWHAs it was a good step in the right direction.



Protests at the conference venue

**3. From the science world:** There were no groundbreaking research reports identified at this conference. However, there was much discussion on the way to ensure comprehensive response to the HIV/AIDS situation on the continent. Very little was presented with respect to models developed in the various sectors in response to the HIV/AIDS epidemic. The issues of ethical dilemma in respect to HIV/AIDS related clinical trials were also explored for the first time at the ICASA conference. While a special session on the issues, and peculiar cultural and social dynamics, which make the informed consent process complex, were highlighted, very little was said in the way of consensus on how to move things forward.

**4. For the African Family:** The peculiar role of the African family in ensuring individual access to prevention, treatment, care and support was extensively enumerated. Of note was the great burden women bear as service providers within the African family setup. The increasing need to build the capacity of men as service providers was discussed alongside model proposals and the sharing of practices on the field. The poor involvement of men has led to more women being affected by the epidemic and less taking up services even where there is gender equity in service provision. Genderisation of services within the African context was well highlighted and stressed in trying to address the skewness in the present burden distribution within the family.

**5. With respect to politics and policies:** The conference kept highlighting the need for increased transparency and accountability on the part of all leaders. HIV/AIDS is not about politics and policy development. Policies developed should be such that its implementation would enhance the HIV/AIDS control and mitigation process. Leadership commitments, the implementation of declarations, policies and programmes that can address the epidemic is crucial and critical. Such commitment includes the need for a high level of financial commitment also. Presently, there needs to be a scaling up in this respect with ensured coordination of efforts and directional application of funding and programmes in-country to ensure effectiveness and efficiency in the HIV/AIDS response process.

**6. The new births and achievements:** This conference saw the birth of the Pan African Business Coalition. The forum hopefully would help ensure the increased commitment of Business partners

to the regional response to the epidemic. This coalition would hopefully help increase the prospect for public-private partnership in the HIV/AIDS response on the continent as well as help address the issue of workplace related stigma that further drives the epidemic.

The Association of Young Positives was also inaugurated during this conference. This was possible because of the presence of many young persons at the conference. The conference organisation also gave a lot of room and space for youth interactions. This conference offered youths a lot of opportunities and increased visibility an unprecedented occurrence at previous ICASAs. With dialogues and activities, they could together, foster ways for addressing the epidemic amongst their peers

**7. And more promises:** Dr Piot noted during his meeting with the civil society that key ICASA sessions did not reflect the reality of where civil society is today in the HIV/AIDS response on the continent. He noted that unless key principles and ways of working within the civil society were agreed upon and set in place to ensure their appropriate participation at future conferences, UNAIDS would not support future ICASAs. He agreed to write all UNAIDS country teams to ensure UN take additional steps to support full participation of civil society in all key UNAIDS processes. He would also seek for further opportunities to meet with African civil society representatives to work out joint approaches in more details during 2006.



## Chapter 5

### Views and perspectives on ICASA 2005

There were multiple and varied views expressed about the conference. As identified by the Society for AIDS in Africa, the chief host of the conference, the aims of the conference are to create an avenue for discussion of scientific breakthroughs in addressing the HIV/AIDS epidemic and for mobilisation of African researchers to take the lead with respect to HIV/AIDS related research on the continent. These should cumulatively help to mitigate the impact of HIV/AIDS in Africa.



Overview of participants in the lobby of the conference venue

The objectives of the conference are:

1. To analyse the dynamics of the HIV/AIDS epidemic in Africa and promote appropriate strategies to adequately respond to it
2. To critically analyse various initiatives undertaken by major stakeholders to respond to the epidemic in Africa and discuss the extent to which these responses have impacted on the course of the epidemic in Africa
3. To examine the recent advances made in the area of basic and social sciences – vaccine and microbicide developments, ARV, prevention and how these new developments will be channelled to impact on the quality of life of those infected and affected by the epidemic.
4. To articulate initiatives leading to the mitigation of HIV/AIDS in the African family

Were these achieved? Below is a summary of responses by various stakeholders and participants at the conference. They all had a lot to share

*I am proud ICASA is focusing its attention on leadership, but leadership has to move beyond mere speeches at conference rooms to action. We can keep families together if we can ensure those who need treatment have access to treatment. We can empower those who know whether they are positive or negative to make informed choices about how they live their lives and to choose the means that best suits them to prevent the further spread of HIV/AIDS” Nelson Mandela, South Africa*

*Many would attest to the fact that it was a very hectic conference. In terms of microbicides community advocacy, we were able to achieve our goals of conducting skills-building, networking with microbicides advocates, making new links, working collaboratively with partners and disseminating information. For the first time microbicides was not relegated to obscure sessions at the conference. There was interest, hope and curiosity about microbicides research and advocacy. This for me is a great effort in the right direction for the continent. Manju Chatani, Ghana*

*This is my first time of attending such a conference. I thank God for this. It enriched my life. I will never forget it – Rev (sis) Patricia Ndinwa, Nigeria*

*I had a lot of fear and apprehensions especially concerning transportation, protocol and immigration matters. Happily, everything went well. The delay with the programme book was a major challenge. Abstract presenters were also not well taken care of. Many chairpersons of sessions did not comply*

*with instructions where there was a chairperson. Many sessions had to improvise chairpersons. The presence of many important personalities such as Winnie Mandela improved the profile of the conference. Their contributions especially that of Wole Soyinka should expectedly have a positive impact on PLWAs.* **Prof Kadio, Cote d'Ivoire**

*This (ICASA) will increase the visibility about HIV/AIDS in the country and Africa. It will boost our response to the pandemic. ICASA is going to give us the opportunity to showcase our work, our policies; it will create a forum for discussion with our colleagues from other parts of the world. It will provide an opportunity to learn from the experiences of other countries that have stepped up treatment. It will further encourage collaboration on the Africa continent. It will also affect the issue of stigmatization. Many people will understand that it is bad to stigmatise people living with HIV/AIDS (PLWHA).* **Prof B Osotimehin, the NACA Chairperson, Nigeria**

*The opening ceremony was rather too long. For subsequent ICASAs, there should be a workable programme with only the essentials included. It is equally important that a post conference evaluation meeting holds.* **Prof Soudre, Burkina Faso**

*The presence of president Obasanjo was rare during the programme. This should not be so as Heads of Government have a crucial role to play in ICASA.* **Dr Fathia Mahmoud, Sudan**

*The conference took off on a shaky note but by the second day, I observed that things were better organised. The transportation to satellite venues, the health services provided in case of emergency, the PLWHA lounges, the exhibition stands and the courteous volunteers despite the immense pressure they were under. I would like to suggest that in future the criteria used in selecting abstract reviewers be more stringent. In a conference of such international repute, there was an over an over 'Nigerianisation' of the abstract presentations both oral and poster. I observed that many non-Nigerians were decidedly displeased especially those whose abstracts were not accepted. You only had to listen to the comments in the 'popular side'. There were lessons from ICASA for the organisers and the participants. Let us take them home and utilise them in our organisations and personal lives.* **Biola Faro, The Salvation Army VCT, Lagos, Nigeria**

*The Nigerian Government and its team did not appear to appreciate the significance of the conference. SAA however needs to reposition itself Vis a Vis the African Government and amongst the international community and colleagues. There is a need for change. Advocacy should be scaled up from now till the next ICASA so that SAA comes into focus as the organisers of the ICASA conference.*

*ICASA created a forum for stakeholders involved in women and childcare issues to come together and share perspectives on issues with special focus on PMTCT*  
**Prof Luo, SAA member, Zambia**

*I have attended quite a few myself and so many other people who have, also believe this 14th ICASA was an outing we all should be proud of as Nigerians considering the challenges the LOC faced.* **Ugo Adaga, Nigeria**

*The press conference at ICASA 2005 was one of the most interesting press conferences I have ever attended. People were very inquisitive and asked a lot of questions* **Prof Robert Gallo**

*The leadership forum got to make the African Leaders informed of what they can do, the gaps that currently exist and the need for leadership commitment to response. The next conference should task the leaders on their various commitments to the various African Declarations to which they are signatories.* **Dr Robert L Limlin, Head, HIV/AIDS Program, UNICEF, Nigeria**

*ICASA 2005 has been a monumental success. It has been a rallying point for many people around the world. It is amazing the passion people have displayed in addressing the HIV scourge.* **Mr Akin-Fadeyi, Nigeria**

*ICASA 2005 is an eye opener to Africans. It brought the reality of the impact of HIV/AIDS to all participants at the conference. The 10,000 participants in attendance could relate the gains of the conference to another 10,000.* **Mrs Bisi Amgada, Nigeria**

## Chapter 6

### Limitations and recommendations for future ICASA

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Availability of supporting funds was a great limitation to the implementation of various plans and agenda. The various subcommittees for the conference had designed their various strategies for ensuring a hitch free conference. However, many of these plans could not be executed in time due to late availability of funds. For example, the recruitment of the community programme managers less than five months to the conference limited the effective mobilization of communities and groups. Most communities could not be reached directly due to the short period available for the mobilisation exercise. It was also a serious limitation to the fund raising and support solicitation efforts as the period from the time of recruitment to the day of commencement of the conference was too short for any meaningful fundraising drive. In future, recruitment of community Programme personnel (in particular the managers) should be done at least 12 months before the conference and the community liaison committee should be inaugurated at least 10 months before the conference. Community mobilization should also start at least 10 months before the conference and should continue till and during the conference.

Funds also limited the period for training of volunteers to three days. This was considered inadequate for a comprehensive training to prepare the volunteers to effectively carry out functions. At least, a week of general orientation for all volunteers and a week for specialised training on departmental functions are needed for a programme of this magnitude in the future.

The conference also noticed that despite efforts made at assisting youths in reviewing their prepared abstracts before submissions, very few youth abstracts were accepted for conference presentation, thereby limiting youth voices to only the youth forum and few selected sessions. This was due to the poor quality of the abstracts submitted. In the future, it is advisable that a separate abstract mentoring scheme be put in place to support persons in developing countries, including youths, in order to increase representation and presentation of more works on the field at the conference. This would help further facilitate the possibility of exchange and cross fertilisation of ideas within the region.